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ABSTRACT

This report describes the efforts conducted by the Administration on Aging in response to the congressional mandate to develop and implement a national policy for the field of aging in accordance with the requirements set forth in the Older Americans Act Amendments of 1978 (PL 95-478). The current status of education, training, and employment of personnel who work in the field of aging is depicted in terms of issues and problems inherent in the formulation of a unified manpower policy for measuring and meeting personnel needs in the aging field. Priorities expressed in the legislative mandate among federal agency programs, occupations, and employment settings providing services for older persons are outlined. The history and development of the study of the field of aging is covered. Current federal training programs and related manpower development activities pertinent to the field of aging are reviewed, and recent studies on research or program evaluation of education, training, and employment personnel who work with older people are summarized. The findings and recommendations of these studies were analysed with respect to generic issues that have an impact on manpower development and specific priority personnel areas. Immediate manpower policy concerns and projected activities for further compliance with the mandate are discussed. (MN)

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Human Development Services
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A Preliminary Report On The Development And Implementation Of A Federal Manpower Policy For The Field Of Aging

As Required by Section 402 (b) of the
Older Americans Act of 1965, As Amended
Report to the Congress
September 30, 1980

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U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
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Robert Benedict
Commissioner on Aging

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Executive Summary

This is a report of efforts conducted by the Administration on Aging in response to the congressional mandate to develop and implement a national policy for the field on aging in accordance with the requirement set forth in the Older Americans Act Amendment of 1978 (P.L. 95-478). It is expected that, following development of the manpower policy (Section 401), this initial report will be followed at two-year intervals by a report of the impact of the policy and its implementation in accordance with the provisions of Section 402 of the Act.

This report describes the background, completed studies, current and proposed activities, and issues associated with carrying out both of the congressional mandates. The current status of education, training and employment of personnel who work in the field of aging is depicted in the context of describing issues and problems inherent in the formulation of a unified manpower policy for measuring and meeting personnel needs in the aging field.

The introductory chapter of the report describes priorities expressed in the legislative mandate among Federal agency programs, occupations and employment settings where services are provided for older persons. It briefly describes the dimensions and outcomes of previous studies of

personnel needs in the field of aging that have been sponsored by the Administration on Aging (AoA) under earlier versions of the current mandate to conduct assessments. The introduction is concluded with definition of the concepts of aging and manpower policy in the field of aging in terms conducive to development and debate of public policy issues.

The second chapter focuses on the history and development of the study of aging as a field of inquiry and training, including the origins and recent history of Federal involvement and concern for older persons. Although mankind's interest in its older people was found in early societies, it has been the rapid increase in the number of persons living beyond the periods of parental responsibility and gainful employment that underlies the Federal Government's interest in research, training, and service provision related to financial, health, housing, transportation, and related needs. The involvement of governments in aging is shown to have developed along two parallel lines. One has been the desire of researchers to understand the nature of the aging process and its impact on people; the other the demands on practitioners for knowledge to guide them in their efforts to serve the older population. The primary vehicle for matching the need for services with knowledge is seen to be education

and training. The second chapter ends with a short history of the Federal Government's support of education and training with primary focus on development of programs in gerontology and geriatrics in institutions of higher education.

Chapter Three reviews current Federal training programs and other related manpower development activities pertinent to the field of aging. Special attention is given to developments in AoA education and training programs since Congress reauthorized the Older Americans Act in 1978. The second section of this chapter reports information collected by AoA from other Federal agencies and organizations concerning training activities, studies, and utilization of personnel whose successful performance presupposes possession of knowledge and experience in aging. The inventory was assembled through the auspices of an Inter-Departmental Working Group on Development and Implementation of a Manpower Policy for the Field of Aging appointed by the Commissioner on Aging especially for the purpose of responding to the manpower mandate.

Chapter Four provides a summary of recent studies pertaining to research or program evaluation of education, training and employment of personnel who work with older people. The oldest study reviewed in this chapter is the one commissioned by AoA in response to the 1967

Amendment to the Older Americans Act which assessed personnel needs in a relatively wide range of work settings and occupations. The most recent study critiqued is still in its final stages of report preparation. This is the Ketron Inc. evaluation study of the Title IV-A Career Training Program based largely on data during 1978. The purpose in reviewing these studies is (a) to report the best of existing data, data analysis and findings pertinent to formulation of public policy and (b) to illustrate the difficulties researchers and evaluators have encountered in finding suitable data that serve the purposes of their studies.

Chapter Five integrates the findings and recommendation of studies reviewed in the previous chapter in the format of analyzing generic issues impacting manpower development in aging and specific issues with respect to priority personnel areas identified in legislative provisions of the mandate. Several of the issues question common assumptions necessary for sophisticated analysis of manpower needs, one of the most critical being the status of aging as an adequate knowledge base for career training programs. The principal concern expressed is not the legitimacy of aging as a focal point for inquiry or its suitability for identification as a professional field of

expertise, but rather its maturity and the ability of gerontologists to achieve consensus on the core of knowledge and the skills deemed essential for establishing job qualifications and performance standards.

Other basic issues examined in this chapter address practical aspects of determing national needs for trained personnel. Federal data systems, particularly those maintained by the Department of Labor and Bureau of the Census, are useful but require adaptations for use in determing the status of employment in settings and jobs serving the needs of the elderly. Another factor to be considered is the proper role of government in intervening with market forces that provide a balance or imbalance to supply and demand for personnel in aging. Personnel demand for many jobs in aging is determined by government programs and policies which are difficult to predict. Many of the shortages which occured when government programs for the elderly were first implemented are being addressed, but shortages and oversupply of personnel are sometimes temporary artifacts arising from shifting program policies.

Special issues identified in the mandate to establish a national manpower policy examined in Chapter Five are concerns with long-term care personnel, personnel in state and area agencies on aging, and service providers in the National Network on Aging and participation

of minorities. The issues associated with personnel in long term care have become the special interest of a Department of Health and Human Services working group under a task force on long-term care assembled by the Under Secretary. AoA has participation in that working group which became operational only recently. The concern for personnel development in the aging network is an ongoing responsibility of AoA, and has become a priority for several training programs and activities initiated since the 1978 Amendments. The problem of minority participation in education, training, and employment of personnel serving the elderly has been addressed by AoA and other federal agencies with manpower programs. It is believed that much progress has occured, but data confirming advancement beyond aggregated number involved in these activities are difficult to obtain.

The final chapter of this report has two parts. One focuses on discussion of the mandate itself and the problems or issues AoA believes need resolution to assure effective compliance with its basic intent. The other offers a series of projected activities and studies which AoA and other federal agencies could engage in that contribute to the development of a comprehensive manpower policy. Some activities are already being conducted within existing program and budgetary resources. Others require the special attention of policy makers for their im-

plementation. The last activity recommended is for establishment of an organizational entity to carry out some of the studies and issues described in this report and to maintain an ongoing capacity for assessment of manpower demand and supply as the older population and its requirements continue to grow and change.

CHAPTER I

INTRODUCTION

A. Focus

This report provides an account of a preliminary effort of the Administration on Aging to identify the information and mechanisms required for evaluating a systematic approach to the preparation and employment of personnel in the field of aging. This preparation is essential in order for this nation to meet the individual and societal needs emerging from the continuing and projected growth of the older population of the United States. Consideration is given to such matters as the required number and range of personnel equipped with knowledge and skills in the field, settings and conditions of work where personnel are employed, nature and sources of preparation for employment, and activities of Federal departments and agencies that create demand for and contribute to maintaining the supply of qualified personnel.

The exploratory investigation was conducted as an initial response to the congressional mandate set forth in Sections 401 and 402 of the Older Americans Act Amendments of 1973 (P.L. 95-478) which directs AoA to develop and implement a national manpower policy for the field of aging.

B. Previous Directives

The mandate contained in the 1978 amendments testifies to the continuing interest of the Congress in assuring the availability of manpower qualified to perform the multiplicity of tasks and services found in the expanding

field of aging. Congressional interest became apparent, as noted in Chapter II, during the 1930's, 40's and 50's with the establishment of the income maintenance and public welfare programs by the Social Security Act and of the several components of the National Institutes of Health. All were authorized to train research personnel and professional practitioners for employment within their assigned mission areas. Creation of the Administration on Aging by the Older Americans Act of 1965 added a new agency with training responsibility.

Congressional interest broadened in 1967 when the Secretary of the Department of Health, Education, and Welfare was required as part of the first reauthorization of the Older Americans Act to study and evaluate the need for specialized personnel under the broad purposes of the Act, and to assess "the availability and adequacy of educational resources for persons preparing for work in the field of aging." The Secretary delegated responsibility for this mandate to the Commissioner on Aging, who, in turn, commissioned a study performed by the Surveys and Research Corporation of Washington, D.C. The report, The Demand for Personnel and Training in the Field of Aging, was transmitted to Congress with several recommendations by the Commissioner in 1968.

The White House Conference of 1971 in its final report, Toward A National Policy on Aging, urged development of a "vigorous national plan and continuing monitoring of training of manpower in aging". The conference recommended that these functions be assigned to a new Federal agency "adequately financed and with the power to coordinate Federally supported training programs in aging."

The President's budget proposals for zero appropriation for training in aging during the years immediately following the Conference blunted enthusiasm for this proposal. However, the Congress, on its own initiative increased AoA's training grant appropriation. And, in 1973 the reauthorization of the Older Americans Act (P.L. 93-290) authority was given to the Commissioner on Aging:

(1) "From time to time appraise the Nation's existing and future personnel needs in the field of aging ... and the adequacy of the Nation's efforts to meet these needs;

(2) "and prepare and publish annually as a part of the annual report ... a report on the professions dealing with the problems of the aging ... and the need for well-educated personnel to staff (programs for the aging)"

Using this authority, the Commissioner obtained the cooperation of the Bureau of Labor Statistics in performing a series of studies on the numbers and types of personnel currently required for planning, administration, and service provision to the elderly. Insufficiency and irregularity of data prohibited BLS from performing the supply and demand projections sought. However, between 1975 and 1973, BLS did produce a series of studies presenting information, highlighting issues, and making recommendations with regard to future AoA and other Federal actions in the aging manpower field under existing authorities and programs.

C. The Present Mandate

Using the Older Americans Act Amendments of 1978 (P.L. 95-478) as a vehicle, Congress sought to reinforce and give increased formality to its expectation regarding the Commissioner's responsibility for planning Federal manpower

development and training. Sections 401 and 402 of Title IV, Part A of the Amendments require the Commissioner to perform four functions:

Section 401 calls for -

(1) Development of a manpower policy for the field of aging which reflects "the present and future needs for training personnel, including personnel involved in advocacy and leadership, in all programs serving the elderly recognizing the unique health, transportation, and housing problems of the elderly, the continual growth of the elderly population of the United States, and the high incidence of disabilities within such population."

(2) Implementation of the policy, as well as its development, is to be achieved "in cooperation with other departments and agencies of the Federal Government, including the Public Health Service, the Health Care Financing Administration, the Social Security Administration, the National Institutes of Health, and in particular the National Institute on Aging, the Administration for Public Services, the Rehabilitation Services Administration, the Veterans' Administration, the Department of Labor, the Department of Housing and Urban Development, and the Department of Transportation, State employment agencies, State and area agencies on aging, and other appropriate agencies."

Section 402 states that -

(3) "The Commissioner shall, at such times as he deems appropriate and in cooperation with representatives referred to in Section 402(6) assess the Nation's existing and future personnel needs in the field of aging including as part of such assessment, the needs for personnel in both institutional and non-institutional long-term care settings, and evaluate all programs, including institutional and non-institutional long-term care programs, serving the elderly at all levels of government recognizing the continual growth of the older population."

(4) "The assessment required by this section shall be submitted biennially to the Congress. Each such report shall indicate the impact of the assessment on the national manpower policy and plans for the future."

The present report represents AoA's initial approach to carrying out the congressional mandate. Its purpose is to explore the current status of the manpower field and to identify the requirements and issues involved

in development of manpower policy for the field. It is submitted as the first of the biennial reports required by the Act.

D. Basic Issues In Manpower Policy Development And Implementation

Any effort to develop and implement a comprehensive manpower policy for the aging field is dependent, in the long run, on the resolution of three fundamental issues. These, together with several correlated issues, are identified and discussed in Chapters V and VI. The questions raised here are -

1. How shall the nature and scope of the field of aging be defined?
2. What are the settings and occupations in which personnel in the field will be employed?
3. What are present and projected numbers of persons employed and to be employed in the field?

1. The Field of Aging: Definition and Scope

The field of aging or gerontology has been evolving throughout the present century. Its broad ramifications, particularly its medical and social aspects, have been revealed rapidly by research conducted during the past 35 to 40 years as the older population has proliferated in modern technological societies.

The initial thrust of research, stimulated by the universal desire for longer life, was largely in the biomedical areas. Interest focused on changes in the structure and functions of the organism, e.g. anatomy, cell biology, physiology, and on pathological changes associated with aging, such as heart and circulatory impairments, malignancies, and metabolic disorders.

Overlapping these developments, psychobiologists and behavioral scientists became interested in age-associated cognitive processes, e.g. learning, memory, motor coordination, attitudes, emotional states, and senility. Subsequently, social scientists attracted to the field launched studies of changes in social status, roles, and behavior such as post-parental roles, widowhood, living arrangements, political participation, workforce participation and retirement, intergeneration relationships, income, and adjustments to institutional living.

Understanding of individual changes and needs gave rise to scientific and societal concerns regarding the impact of the increasing older population on social institutions including the economy, welfare, health, and medical care systems, government organization and functions, education, and the demographic structure of society.

It is self-evident that the emergence and expansion of a knowledge base in aging and of development of new organizational structures, functions, and professional tasks pursuant to the appearance of the knowledge base should have wide-ranging implications for manpower needs and policy.

Several basic questions flow from the identification of the nature and scope of gerontological knowledge -

- Can the vast array of knowledge already accummulated be organized into a single, comprehensive, integrated system? Or, must the field be subdivided into manageable parts usable by persons with particular research, teaching, and practice interests?
- Stated in another way, what should be the resolution of the long-standing debate over whether it is feasible and useful to educate and train generalists in the integrated subject-matter of the

entire field or whether persons in currently established disciplines and professional fields should be educated in appropriate facets of aging within their interest areas.

- Hundreds of courses and a growing number of curricular programs and collegiate majors and minors in gerontology are being offered in educational institutions across the country. Can there be consensus on a common core of knowledge essential to all who prepare for work in the aging field?

- What gerontological education should be provided for persons in such positions as director of multidisciplinary gerontology centers; chairpersons of programs, departments, and schools of gerontology; planners and administrators of comprehensive social action programs?

These and related questions are discussed in succeeding chapters.

2. Major Characteristics of Employment in the Aging Field

Evolution, expansion, and differentiation of aging as a body of knowledge has been highly interactive with the parallel emergence of employment settings and occupational roles of persons required to plan, administer, and provide services to older people. The gerontological knowledge base grows in response to researchers intrigued by the possibility of achieving greater understanding of life and life-related phenomena and in response to expressed needs of practitioners for guidance in preventing and alleviating negative aspects of aging and in providing opportunities for older people to find continuing fulfillment as the years of living are extended. The multi- and interdisciplinary nature of the knowledge base reflects not only the inter-relationship of most aspects of aging phenomena but also the multiple and overlapping service industry sectors that employ personnel who work with the elderly, e.g. health, income maintenance, vocational education and rehabilitation, housing and living

arrangements, transportation, utilization of energy, recreation, education, and the arts.

Comparatively few though a growing variety and number of employment settings are provided primarily or exclusively for older persons. These include nursing and intermediate care facilities, geriatric hospitals, senior housing sites and retirement communities, senior centers and adult day health centers, nutrition projects, and older worker employment agencies along with the State and area components of the National Network on Aging.

Recognition of the importance of designing and providing specialized programs, facilities, and services addressed to the older population has been spreading rapidly among organizations and institutions serving the general population. Thus, personnel, often with relevant knowledge of aging can be found in banks and investment institutions, group medical practices, community health centers and dental clinics, travel agencies, personnel offices of large corporations and government agencies, educational institutions, employment agencies, newspapers, journals, and broadcasting agencies. Independent practitioners, such as physicians, nurses, occupational and physical therapists, and psychological counselors, are acquiring specialized knowledge and skills for working with older adults.

A number of efforts have been made, since the inception of AoA, to develop a classification system or inventory of occupational specialties and positions in organizations that relate to the elderly. The more successful studies were limited to one or a few employment settings or occupational

categories. Studies of employment following graduation from a training grant program were deluged by the number and variety of positions, many of which were unique and unrepeated even in large study samples.

For the most part, this report is concerned with the career perspective advanced by the Bureau of Labor Statistics in work performed for AoA as reported in its national journal, the Occupational Outlook Quarterly, from 1976 to 1978. Wherever possible, the designations of personnel needs and supply in studies pursuant to this report will be identified using the industry and occupational classifications used by the Department of Labor in reporting employment trends in the United States.

To adapt the BLS approach to the field of aging, jobs must be identified and structured by requisite skills and knowledge, employment settings, and functions performed. Settings for employment may be categorized in a number of ways. One tentative approach which was developed for the purposes of this report divides these settings into the following areas:

- o Service programs
- o Administrative and planning agencies
- o Research, teaching, and other educational activities

Each of the above settings may be divided into sub-areas:

1) Service programs:

   - o home services
   - o community services
   - o institutional services

2) Administrative and planning agencies into:

   - o area agencies
   - o state agencies
   - o federal agencies
   - o voluntary organizations

3) Research, teaching and educational activities into:

- o universities and graduate professional schools
- o 2 and 4 year colleges
- o non-profit organizations
- o for profit research and evaluation firms

Functional roles within the first and second of these settings help define occupational needs. Of the four following categories, the first two are likely to require special knowledge and skills in aging:

1) administrative
2) service
3) clerical
4) maintenance

The level of skills and knowledge required for jobs within settings and functions are directly related to the tasks performed. Tasks are directly related to the purpose or function of the employing organization or to the services provided. Working with the elderly is highly labor intensive in most service settings. Tasks are often repetitive, hence the importance of having personnel who are well trained in skills for delivery of essential services.

In identifying hundreds of occupations which provide, plan, and administer services in aging, only the first step has been taken to improve the quantity and quality of care. Some studies have been conducted to ascertain skill requirements for workers in employment settings that primarily serve the elderly. Results have already been used as the basis for setting job standards in some nursing homes and other long-term care institutions. Identification of skill levels also have the potential of developing career ladders in occupations where professional standards are not operational,

of maintaining or reducing service costs by redistributing tasks and improving quality of care by measuring employee performance.

3. Present and Projected Manpower Needs

The dimensions of the manpower supply required now and in the future are functions of the current and projected size of the older population, of its characteristics and circumstances, and of the provisions society makes for providing the opportunities, facilities, and services to older people to maintain health and satisfaction with other life circumstances.

The analyses reported in subsequent chapters discuss the complexity of the task of measuring overall personnel needs for the aging field and identify several efforts that have been made to measure and meet overall requirements for various segments of the field. The analysis points up issues such as those identified in the preceding sections and in Chapters V and VI that require resolution. It also discusses the need for improved and new data bases. The general conclusion supports the position of the Bureau of Labor Statistics that the current state of the art dictates a segmental approach to determining manpower needs at the present time.

E. Purpose and Content of This Report

It has been indicated above that development and implementation of a national manpower policy for the field of aging is a complex, and continuing process. The initial purpose of this report is to provide an indication of the scope of the field and to identify the diversity of

Federal programs that create demand for and support the preparation of personnel for employment in it. Chapter II provides a brief history of Federal activity in training personnel for the field in response to rapid and continuing changes in demographic characteristics of the United States population. Chapter III describes current Federal programs that underlie education and training directed toward maintaining the supply of personnel equipped with knowledge and skills for work with the elderly.

The second and principal purpose of the report is to set forth and discuss major issues that must be addressed in constructing and implementing a manpower policy as a guide for decision-makers who design programs and allocate resources for creating and maintaining the manpower supply essential to the field. Chapter IV describes several significant studies completed or in process in the manpower field. Chapter V isolates and examines 10 current issues that have been identified by researchers and practitioners concerned with various aspects of manpower development. Chapter VI concludes the report with suggestions for interim policy consideration and for future manpower policy study and analysis.

CHAPTER II

MANPOWER TRAINING IN AGING: UNDERLYI[illegible]URPOSES AND HISTOR[illegible]DIRECTIONS

A. Content

Development of a manpower policy in the field of aging represents an attempt to organize efforts to educate and train personnel at Federal, state, and especially community levels so that they are capable of skillful, knowledgeable, and purposive work to improve the lives of older persons. A parallel need exists, of course, for personnel required to plan and effect appropriate changes in societal institutions that constitute much of the environment in which the population ages.

The need for such a skilled work force is largely the product of a rapidly growing older population whose resources, opportunities, and problems have gained considerable prominence in recent decades. Section B of this chapter briefly outlines the demographic trends that mark the emergence in recent and future decades of an increasingly significant aging population.

Section C references the corresponding growth in public and private sector efforts responsive to the growth of our older population. The scale and range of these governmental, voluntary, and private sector programs are measures of the resources older persons command, the problems they face,

and the opportunities they hope to find. The adequacy of these programs depends, in large measure, upon the capabilities and dedication of personnel working with or on behalf of older people.

The concluding Section D traces the growth of training and manpower development efforts in the field of aging over several decades up to 1973. This history traces the origin and continuing recognition of the need for a comprehensive, systematic manpower policy for the field.

B. Demographic Trends

1. General Characteristics

In 1900, 3 million persons 65 years of age and over constituted 4 percent of the total population. Today, 25 million older people account for 11 percent of all persons in the United States. Projections indicate that there will be on the order of 31-35 million persons in the upper age group by 2000 and 55 million or more by 2025-2030. The proportion 65 years and over will rise to 18-20 percent of the total.

Average life expectancy at birth, 49 years in 1900, is now 69 for men and 77 for women. Increased longevity resulting from better nutrition, advances in public health, environmental controls, and virtual elimination of most infectious disease have added new generations of people. Currently, the oldest age groups are growing most rapidly. Since 1900, the population 65 years and over has increased five-fold; those 75 and over 10-fold; and this 85-plus group, by a factor of 17. Because of their greater longevity, older

women outnumber older men 2.2 to one among those 85 years and over.

Continuing advances in health and medicine, including further control of cardiovascular diseases, hypertension, and cancer, are extending remaining life expectancy for those who reach the upper ages. Women at age 65, who now may expect to reach 82.5 years will be followed in 2000 by older women who can look toward reaching 85.5 to 87.5 years. For shorter-lived men, the corresponding figures are 78.5 years today with a prospect of rising to 81.5 to 83.5 by 2000. It has been suggested by some nutritionists that centenarians will be commonplace by the early part of the 21st Century.

2. A Heterogenous Population

Students of aging have observed that individual differences, coupled with the learning and experience of longer life, lead to greater heterogenity among older people than among members of any other cohort. The variations cited below, which are exemplary of numerous others that could be cited, have obvious implications for the development and implementation of manpower policy, for the types of personnel required for the field, and for the far-ranging learning content essential for preparing such personnel.

- o Most older men and women leave the labor force, but, today, about 17 percent of the men and 9 percent of the women are employed full or part-time.
- o Separation from the labor force is voluntary for the majority of older workers even though good health is maintained; is induced by declining health and vigor for others; and results from age discrimination for the remainder.

- Indications are that many of these not in the labor force would like to be employed, particularly in the light of the present inflated economy.

- Large numbers of retired persons participate in a tremendous variety of individual and socializing group activities. Sizeable numbers devote much time to creative activities such as the arts, crafts, writing, and dramatics.

- At least 20 percent of those 65 and over continue their contributions to society through organized volunteer work. Half again as many state that they would welcome the opportunity.

- Up to one-half of all older persons belong to organizations of older people and increasing numbers are becoming involved in organizational advocacy efforts on behalf of older people.

- Membership in religious organizations appears to increase with age but active participation declines with onset of infirmities.

- Voting participation is higher in the age group 55-64 years than in any other but also declines when mobility becomes limited.

- Incomes of older people range from below the poverty level for about one-sixth of them to above the BLS minimum adequate level for more than one-half. Two-fifths of older couples and one-tenth of older unreleated persons have incomes of $10,000 or more per year.

- Average incomes of older people are only one-half of those of persons who have not reached that age.

- Most older men, 78%, are married but 52 percent of older women are widows. There are five times as many widows as widowers.

- Most older people have a decided preference for independent, autonomous living. Only about 16% live in housing shared with adult children.

- Twenty-percent of older persons have no living children to whom they can look for support and probably almost as many have children who live too far away to be helpful on a continuing basis.

- Thirty percent of the non-institutionalized elderly, about 7.5 million, live alone. Most of them are widows and never married women.

Although biological, health, and psychological changes occur at different stages of latter life, the inflection point of prevalence curves begins during the 50's and 60's for large numbers of persons.

Institutions for the chronically ill and disabled accommodate 4.3% of older people, about 1.2 million. Another 3.5 million, 14%, are unable to carry on the activities of daily living, one-third of whom are bedbound. Another 6.5 million, 26%, are limited in their ability to meet daily activity requirements. Projections indicate that numbers in both groups will double by 2030.

In summary, by the age of 65 to 75, the majority of older people have lost their spouse and several friends, are no longer gainfully employed, have completed their parental responsibilities, have had to adjust to reduced income, and find few societal expectations that lead to positive contributory roles. The proportions increase, of course, over the remaining years. On the other hand, it was suggested earlier on that growing numbers and proportions retain a good deal of physical and mental vigor until well into the decades of the 80's and even the 90's.

C. Public and Private Sector Response To The Growing Older Population

With the increase of the older population and in response to their changing circumstances, there has been a substantial growth in societal policy and program development. Federal legislation of importance to

older Americans includes the landmark Social Security Act of 1935, the Housing Act of 1956, the Older Americans of 1965, the Medicare/Medicaid program enactment of 1965, the Age Discrimination Act of 1967, the Supplemental Security Income Act of 1972, the Comprehensive Older Americans Act Amendments of 1973, the Research on Aging Act of 1974, and the Comprehensive Older Americans Act Amendments of 1978.

The National Network on Aging consists of the Administration on Aging, 57 State and territorial Agencies on Aging, more than 600 Area Agencies on Aging, and 1,100 Nutrition Projects serving meals at 11,000 sites. Publicly and privately supported health and social service agencies, housing developments and retirement communities, ombudsman and legal service programs, transportation services, senior centers, thousands of homes for the aging and nursing homes, public and private pension systems covering the entire older population constitute a vast array of facilities and services available to older people throughout the country. Expansion has been phenomenal following acceleration of the momentum given by the 1971 White House Conference on Aging and several significant legislative actions of the Congress during the decade of the 1970's. Every organization and program in the rapidly growing array heightens the demand for appropriately trained personnel.

One set of indicators of the salience of aging in today's society can be found in the Federal budget for FY 1979. Expenditures in FY 1979 included:

- o $69 billion in Social Security old age and survivors benefits to more than 25 million beneficiaries 62 and over.

- o $24 billion to Medicare payments covering about 25 million persons.
- o $1.7 billion in Supplementary Security Income to about 1.9 million older persons.
- o $24.4 billion in military, civil service, railroad and other Federal pensions.
- o $60 million to the Department of Agriculture in cash payments and foods for congregate and home delivered meals for the elderly.
- o More than $700 million to AoA, nearly one-half for the nutrition program, almost one-third for social services and senior centers.
- o $289 million to the Farmers Home Administration for rural rental housing loans and grants and a congregate housing demonstration program.
- o Approximately, $750 million to the Department of Housing and Urban Development for Section 202 rental housing for the elderly and $10 million for services in congregate housing. In addition, HUD made Section 8 housing assistance grants for 116,000 units of elderly housing and made contracts with local housing agencies for 18,000 units of public housing for older people.

Although Federal funds constitute the largest part of the total national expenditure toward benefits and care for the elderly, very significant contributions are made by other sectors. State and local governments, private pension funds, foundations, and service organizations are steadily increasing their input. It has been observed that families today probably provide more uncompensated home care for older people than all public-funded programs combined.

Public and private expenditures are not translatable into firm estimates of numbers and types of personnel required to conduct the programs they support. Conceivably, outlays for health and social services could be used as rough indicators of manpower demand. Data on transportation programs which may be in the nature of special transportation systems for

the elderly or reduced fares for older people using established systems clearly are not translatable in terms of staffing requirements. Program shifts, such as deinstitutionalization of mental hospital patients to home and community services alter the manpower requirements for serving their needs.

Thus, the profusion of programmatic responses to the needs of the older population, the rapidity with which they have developed and changed, the range of auspices under which they have been initiated and conducted, together with the inadequacies of financial data as staffing indicators have defied efforts to develop a personnel accounting and reporting system for the field or a comprehensive manpower policy.

D. Evolution of Training In Aging

This section provides an overview of the development of interest and activity focused on preparation of personnel for performing the expanding number of functions and tasks in the field of aging. Underlying the movement to provide education and training in gerontology and aging was the development of efforts to discover and understand phenomenon of aging and its complexities. The growth of gerontological knowledge followed by accompanying efforts to utilize it for improving the lines of aging persons opened the door to recognition of the need for personnel equipped for research, teaching, and professional practice. Hence, a brief discussion of the evolution of research in aging or gerontology affords

an appropriate starting point for the consideration of training in aging.

1. Research in Aging

Historians of gerontology report evidence in classical literature of physicians, philosophers, and scientifically oriented persons interested in circumstances associated with length of life and with its termination. Interest in the phenomenon of aging has been continuous in the course of modern civilization. The philosopher Cicero published a treatise on aging. Francis Bacon brought together much of what was speculated and known in a History of Life and Death published in 1645.

The term Geriatrics reflecting medical aspects of aging was coined in the United States in 1909. Interest in psychological aspects of aging appeared in the United States in the 1920's. Psychologist G. Stanley Hall published Senecence in 1922. Walter Miles and associates inaugurated studies of psychological changes with age in 1928 at Stanford University.

Research interest in aging grew in the 1930's when the newly established Josiah Macy, Jr. Foundation launched its support of research on long-term disease entities and aging. The foundation invited E.V. Cowdry, an anatomist of Washington University, St. Louis, to convene a conference of research personnel representative of a wide range of fields for the purpose of compiling a symposium volume reporting what was known about aging of various organ systems. The 1939 volume, Problems of Ageing: Biological and Medical Aspects, was hailed immediately as a classic and went through several

printings. Participants in Macy Foundation sponsored conferences on the biological and medical aspects of aging founded a Research Club on Aging. Members of the club led in the organization of the Gerontological Society and publication of the Journal of Gerontology in 1945.

The then relatively new National Institutes of Health conducted a Conference on Mental Health and Aging in 1941 and established a Gerontology Research Center in Baltimore. Affiliation with University of Maryland and Johns Hopkins University medical schools, afforded opportunity for faculty and students to participate in the aging research programs. In 1943 the Social Science Research Council established a Committee on Social Adjustment which produced a Research Memorandum on Social Adjustment in Old Age in 1948. It urged social scientists to interest themselves and students in aging research.

In 1948, an International Association of Gerontology was organized in Liege, Belgium. In the same year Dr. Edward J. Stieglitz, who had been the first head of the NIH Gerontology Research Center, used the term "social gerontology", again reflecting the increasing consensus that the behavioral and social sciences be recognized as important components of the new field.

2. Training in Aging

By 1950 training in aging had made its appearance and achieved some recognition. Pioneers were learning through their own researchers, recruiting peers and young investigators to their research staffs, and

disseminating their new knowledge through Gerontological Society meetings and ad hoc conferences. Courses had begun to appear in a number of universities in biological and psychological aspects of aging.

Salient developments in the 1950's began with the National Conference on Aging which brought together 816 persons involved or seeking to become involved in the new field. The conference was in part, an outgrowth of a report of the 1943 National Health Assembly which observed that aging and chronic disease are not synonomous and recommended exploration of the broader aspects of aging.

The 1950 conference report held that aging is a normal life process involving biological, psychological, and sociological changes in the individual and his circumstances. It urged that all professional personnel working with older people be equipped with knowledge about these changes and their impacts on those that experienced them. It suggested that concepts of development throughout life should be introduced at early educational levels and carried through collegiate, graduate, and professional curricula as rapidly as knowledge could be derived from research and experience. Continuing education and in-service training should be provided for already employed personnel. It also urged that educational institutions and personnel representative of appropriate professions join in developing course subject-matter.

3. Federal Programs in Research and Training

A number of events significant for gerontological research, education, and training followed the 1950 conference. Immediately, the Federal Security Administrator, pursuant to recommendations of the conference, created an interdepartmental Committee on Aging and Geriatrics which encouraged Federal departments and agencies that had participated in the conference to expand their activities in aging. A Federal Council on Aging was established in 1959 to promote action programs by Federal agencies and the states.

Following establishment of the Baltimore Gerontology Research Center in 1941 and stimulated by the 1950 conference, the National Institutes of Health broadened its interest in gerontological research. The Surgeon General of the Public Health Service supported the view of the Macy Foundation and encouraged submission of proposals for research on aging per se. The National Institute of Mental Health created a Section on Aging in 1951 and conducted intramural, interdisciplinary studies on psychological and biological aspects of aging.

Successive directors of the overall National Institutes of Health (NIH) held diverse points of view with reference to the issue of whether or not the processes of aging could be studied apart from the effects of specific long-term disease entities. Consequently, NIH internal organization for aging research took various forms during the exploratory 1940's, 50's, and 60's. However, in 1959, NIH initiated support for

extramural centers for research on aging at five major universities. The centers were subsequently required to add professional training to their programs.

One of the turning points in the field was the creation, pursuant to the foresight of the University of Michigan's, Dr. Wilma Donahue, of 16-member Interuniversity Council on Social Gerontology in 1957. With NIH support, the council developed three handbooks summarizing the status of research in aging, prepared 5 course syllabi, and provided intensive briefing to 75 university faculty members in aging through two month-long seminars. Subsequent evaluation revealed that most of the participants were stimulated to offer courses in aging. Two of the handbooks became texts for the growing number of courses being offered.

During the 1950's influential members of the Congress also became interested in aging and added their support to the development of the emerging field. The Senate Committee on Labor and Public Welfare conducted a number of hearings and studies and in 1956 and 1957 published 11 volumes under the title Studies of the Aged and Aging: Selected documents. In 1953 Congressman Fogarty, stating that he was tired of talk and wanted to see action, introduced legislation for a White House Conference on Aging.

4. 1961 White House Conference on Aging

Enactment of legislation calling for a second national conference on aging, and the first with "White House" designation in September 1958 set into

motion two years of planning for the conference. A series of background papers took stock of progress that had been made in a dozen areas and suggested directions in which future action appeared to be indicated. Three papers were addressed to the need for expansion of research in the biological, medical, and psychology-social science areas.

Growth of interest in training for the field was indicated by inclusion of a conference section and a background paper on The Role and Training of Professional Personnel for the Field of Aging. The paper provided a compilation of developmental activity through the 1950's and urged that the forthcoming White House Conference give full recognition to the importance of recruiting and preparing a wide range of personnel with special knowledge of aging phenomena.

The 1961 White House Conference training recommendations were responsive to the needs identified in the background paper and were supported by pleas of several other conference sections for augmenting the supply of gerontologically trained personnel. The background paper and the post-conference report of recommendations bearing the same title were distributed widely to educational institutions and appropriate professional organizations. Action followed quickly.

Shortly after the conference, nine universities organized a Midwest Council for Social Research on Aging with Community Studies, Inc., of Kansas City as the administrative agent. For five years the council held research seminars to enable faculty and students to broaden their knowledge of aging

and to plan investigations in social gerontology. In 1966 the program was expanded to enable students to obtain a doctoral degree in sociology with specialization in gerontology from the participating university of their choice. Training in social gerontology was enriched through joint summer seminars and research planning.

In 1965, the U.S. Office of Aging, recently created by the Secretary of Health, Education, and Welfare, prepared and gave wide circulation to a booklet entitled Training in Gerontology and Its Application. A specialist on aging in the Region IV office conducted a pioneering survey of employment and need for personnel in aging within the region which sparked a good deal of interest.

Simultaneously, the Psychology and Social Science Section of the Gerontological Society with NIH support surveyed and evaluated the status of training in gerontology and published a book entitled Graduate Education in Aging Within the Social Sciences. The report was notable for several issues and areas considered. Project committee members set forth various positions with reference to whether research and teaching in a new discipline of social gerontology was scientifically feasible or whether the field would have to be developed by personnel working within their own disciplines. Chapters dealt also with suggested areas for research and curriculum development, described existing training programs, and the potential of research centers for training. In an extended chapter, Wilma Donahue expanded and updated the history of training development she had prepared for the 1961 Conference background paper.

Although differences of opinion over the proper approach to research on aging continued, NIH partially acceded to pressure from the outside community for establishment of an institute of gerontology. A proposal to establish a National Institute of Child Health was amended to include provision for support for research and training in aging. The new NIH unit was established in 1963 as the National Institute of Child Health and Human Development. NICHD created a section on aging which supported intra- and extramural research and training until 1974 when the function was transfered to the long-sought National Institute on Aging.

5. Enactment of the Older Americans Act of 1965

Another initiative of the Congress, launched by Congressman Fogarty in the early 1960's, resulted in passage of the Older Americans Act of 1965. The Act called for establishment of an Administration on Aging to be located within the Department of Health, Education, and Welfare. Since its creation, the Administration on Aging (AoA) has played an important role in efforts to provide an adequate supply of informed and skilled workers to meet the special needs of the aging in our society. During the early years of AoA, authority for career training activities was provided through Title V of the Older Americans Act.

From 1966 until the early 1970's there was modest provision of funds to support AoA programs, including the Title V Training Program. The training program budget was focused on career training grants to educational institutions which, in turn, took on the responsibility of recruiting and

training students for professional, technical, and service practitioner careers in aging. Emphasis was placed on graduate level training in areas not addressed by other Federal grant programs, e.g. management of elderly housing, directors of senior centers, community planning, administrators of aging agencies. Curriculum development and doctoral education for research and teaching were also encouraged. Preparation for research in the basic disciplines, for occupations in the health field, and for social case work were being addressed by other granting agencies.

The first grant awards were made in 1966 to institutions that could be persuaded to enter the new field. To qualify for an award, an institution was required to offer basic interdisciplinary core courses in psychobiological and socioeconomic aspects of aging and to place each student in a practicum of three months or longer.

6. 1971 White House Conference on Aging

By the end of the 1960's, when the Congress approved a resolution calling for a 1971 White House Conference on Aging, professional and para-professional education and training in gerontology and its application to professional practice was appearing at an increasing number of sites scattered across the country. The Administration on Aging and its predecessor agencies had been promoting gerontological training to equip practitioners and teachers of practitioners for serving the needs of older people and the aging society. Efforts of AoA were paralleled by NICHD in its encouragement of training personnel for basic research in aging and by the NIMH Center for Research

on Aging that fostered psychiatric gerontological education for personnel in the behavioral and social work professions. The Veterans Administration, responding to the new field and the growing numbers of aging World War II veterans, established several Gerontology Research, Education, and Counseling Centers to equip its personnel for working with its new clients. Coordination of VA programs with research/teaching facilities of nearby universities and medical schools helped to advance the course of training in aging.

Authors of the Background and Issues Paper on Training for the forthcoming National conference reviewed much of the action described above and identified a number of issues for consideration and perhaps resolution by 1971 White House Conference delegates.

The White House Conference Section on Training opened its session by stating that existing training for the aging field was grossly inadequate and by proclaiming an urgent need for preparing personnel for research and scholarly activities and for service delivery. The recommendations on training finally adopted were reported in Toward A National Policy on Aging, Final Report Volume II. They requested immediate increase in funding; establishment of regional multidisciplinary training centers related to service delivery systems; state and foundation support for training; training funds in the budget of every service agency; financial support for recruitment and support of trainees; outreach to minority personnel; incorporation of gerontological information in all pre-service and in-service curricula of

professional schools, community colleges, and vocational schools; establishment of a National Institute on Aging; and a continuing effort to determine manpower needs and supply.

An immediate outcome of the conference was an increase in AoA's Title V training allotment from $3 million to $8 million. Much of the increased funding went to educational institutions who had demonstrated rising interest in gerontological training. However, the increase also enabled AoA to make $50,000 available to each HEW regional office unit on aging for discretionary support of short-term training. The additional funds made it possible to support community colleges, summer institutes, and curriculum development. Two projects were supported to train primary and secondary school personnel interested in incorporating gerontological information into their teaching.

In 1973, a setback to expansion of gerontological training threatened when the Administration decided on a general deemphasis of training support and made virgually no provision for it in the President's budget. Support for the AoA training grant program was omitted from the executive branch budget request. Executive branch inaction, however, brought congressional initiative into the picture with dramatic results. AoA training grant appropriations over the past decade are shown in Table II-1.

7. Manpower Activities in the Field of Aging: 1973-1977

During the 1970's an expanding range of activities involving public and private agencies and institutions at Federal, State, and local levels gave additional momentum to the movement for manpower development.

a. Older Americans Act Amendments of 1973

The 1973 Amendments to the Older Americans Act prompted AoA to adopt important changes in its manpower development and training support programs. In particular, there was a significant expansion in AoA support for training efforts sponsored by State Agencies on Aging. This represented a direct response to the burgeoning need for "in-service" training and retraining manifested by the rapid growth from 1973 of State and Area Agencies on Aging working in behalf of the elderly,and by a parallel growth in interest among private sector service agencies, planners, and practitioners in the field.

A substantial increase in appropriations for training (noted above) accompanied the dramatic expansion in the nutrition, social services, and senior center programs mandated by the 1973 Amendments. As a result, AoA was able to broaden its support to educational institutions for career training projects, while simultaneously establishing a substantial program of support for in-service training. Increased AoA career training support was reflected in an expanded development of gerontology programs at four-year colleges, community and junior colleges, and minority institutions of higher education.

Table II - 1

Administration on Aging Training Grant

Appropriation: 1971-1979

In Millions of dollars

Year	Appropriation	Year	Appropriation
1971	$ 3.0	1976	$ 14.0
1972	8.0	1977	14.2
1973	8.0	1978	17.0
1974	9.0	1979	17.0
1975	9.0	1980	17.0

It is suggested that several factors may have prompted the Congress to override the Administration's effort to withdraw support in 1973.

- The strong training recommendations of the 1971 White House Conference on Aging which had been held in response to congressional initiative.
- An AoA-commissioned study by Ketron, Inc., published in 1973 which revealed that student support provided through the Title V program had drawn many young people into the training program and that two-thirds of those trained had taken jobs in aging.
- The vigorous response of educational institutions in setting up training programs when the appropriation jumped to $8.0 million in January 1972, together with creation of an articulate Association for Gerontology in Higher Education in 1973 by institutions supported by AoA training grants.
- The 1973 amendments to the Older Americans Act that provided the basis for establishment of the State-Area network on aging with the consequent need for new personnel.

Overall career training activities in higher education institutions continued to be degree oriented with emphasis on programs highly focused on planning, management, and administration. One significant program area specifically authorized in the 1973 Amendments, but unfunded until Fiscal Year 1976, was support for university-based multidisciplinary centers of gerontology. The legislation and its implementation were responsive to a recommendation made in the 1971 White House Conference and to subsequent congressional action. The legislation prescribed that the centers also be multifunctional and embrace a variety of activities related to research, demonstration, training and technical assistance.

Indications of the impact of AoA career development efforts can be found in a 1977 survey by the Association of Gerontology in Higher Education (AGHE). A large proportion of all academic institutions offering a degree or major in gerontology belong to this association. Thus it was significant that nearly 75 percent of the students enrolled in gerontology programs at AGHE member institutions at the time of the survey were receiving or were indirect beneficiaries of AoA support.

The expansion of funding for AoA education and training activities following the 1973 Amendments, coupled with initiation of the Multidisciplinary Centers of Gerontology Program in 1976, facilitated pursuit of a capacity building strategy focused on academic institutional programs of gerontology. The competition for career education training grants was partitioned into several categories, the largest reserved for training projects that featured student stipends, practicum experiences, summer institutes, and related

activities. A second, smaller category, offered support for "quality improvement" of curriculae and programs. The intent of this category was to upgrade existing gerontology programs through support of faculty development, curriculum improvements and other activities having the goal of increasing institutional capabilities. The multidisciplinary centers program offered additional support to the veteran academic gerontology programs, by increasing the types of non-classroom activities that could be supported. Many grantees, including as many as two-thirds of the multi-disciplinary centers, also competed successfully for regular career preparation grants.

b. Other Federal Agency Support for Manpower Development in Aging

Support for education, training and employment opportunities in the field of aging did not, by and large, keep pace with the increased emphasis of the Federal government on services and income security entitlements for the elderly during the mid-1970's. Exceptions to this conclusion are, however, notable. NIMH continued to support training activities in community mental health, psychology, psychiatry, and social work that had focus on the elderly. Funding of training activities, however, was not substantially increased.

The establishment of the National Institute on Aging by the Research in Aging Act of 1974 was a victory for advocates of research in the field of aging. Increased funding for basic research in biomedical and social science disciplines on aging has unquestionably affected the careers of individuals

who might otherwise have sought support in other fields. The 1970's also saw the training of service practitioners in health professions working with the aged improved by programs established in the Health Resource Administration (HRA). Foremost of these activities has been support of special projects to improve curricula in schools of nursing and provide in-service training for nurses aides and nursing home orderlies (Nurse Training Act of 1975). In addition, the Veterans Administration expanded its program of training for physicians in geriatric medicine.

Services and entitlements for the elderly expanded in many other Federal program areas during the mid-seventies. Responsibility for the development and support of manpower for these programs, unlike health, were largely scattered and uncoordinated. A number of factors contributing to fragmentation of manpower concerns, especially those affecting the elderly, have included:

- An apparent assumption that manpower requirements in some areas as housing, transportation, and legal assistance could be easily met by existing programs of academic institutions or through minor adjustments of the educational market place without direct Federal intervention;
- AoA's ad hoc policy of supporting preparation of specialized personnel in selected areas through fostering career and short-term training in educational institutions and other organizations.
- avoidance of conflict with the general policy of providing direct student aid and the phase out of categorial training grants to institutions;
- in some instances failure to recognize special needs and characteristics of population groups, such as the elderly, within service programs addressing the general population.

Several Federal agencies, other than the Public Health Service and AoA, were able to address their special manpower needs in aging during this period. ACTION, the Administration for Public Services, the Community Services Administration, and the Extension Service of the U.S. Department of Agriculture have all, to some extent, contributed to the development of skilled manpower for providing services to the elderly. The Department of Labor, through its CETA program, has contributed semi-skilled manpower through training and support of workers (including older persons) who frequently are employed by state and local agencies serving the elderly. Further, as noted in Chapter IV of this report, the Bureau of Labor Statistics has conducted several studies leading to the production of papers and monographs for AoA's use.

CHAPTER III

MANPOWER DEVELOPMENT AND TRAINING ACTIVITIES RELATED TO AGING: 1978 - 1980

A. INTRODUCTION

The preceding chapter has revealed that the Federal Government has an active and multifaceted role in recruiting, training, and employing manpower involved in planning, administering, and providing health and social services to older persons. First, it acts as a direct and indirect employer of a large number of skilled and supportive workers in the field of aging. Second, it gathers, interprets, reports, and disseminates manpower data used by a variety of governmental and non-governmental audiences. Third, it supports, monitors and provides technical assistance to agencies and organizations that educate, train and retrain current and future employees in the field. In addition to these activities, the Federal Government has in recent years paid increasing attention to developing and proposing ways for balancing demand, supply, and utilization of adequately trained manpower in the aging field.

This chapter describes contemporary Federal activity with respect to the second and third areas of activity identified above. Federal programs that assist and serve older persons and concomitantly stimulate demand for personnel or otherwise affect the utilization of manpower in aging are reported annually in the U.S. Senate Special Committee on Aging publication Developments in Aging as noted earlier on, proposed Federal initiatives to develop a manpower policy for the field of aging are discussed in the final chapter of this report.

There are two major parts to this chapter. The first describes current education and training activity in the Administration on Aging. The second describes formation of the Interdepartmental Working Group on Development and Implementation of a Manpower Policy for the Field of Aging at the initiative of the Commissioner on Aging and preliminary findings of an inventory of Federal activities related to the supply of manpower in the field compiled through its auspices.

B. Administration on Aging Initiatives Responsive to the 1978 Amendments to the Older Americans Act

Concern for the development and appropriate utilization of personnel working in the field of aging is expressed in the guidance and support provided by AoA for the education programs it administers. Most visible among its activities are those authorized under Title IV, Part A of the Older Americans Act, which authorizes support for career and short-term training. Related activities are supported under Title IV, Part E, Multidisciplinary Centers of Gerontology, and technical assistance activities under other titles. Training support in the form of assistance to educational institutions, including stipends to students, conferences, workshops, and other short-term training activities are reflected in eleven different programs administered by AoA. Most of the programs shown in Table II-I represent modifications of prior AoA education and training priorities in response to the provisions of the 1978 Amendments to the Older Americans Act.

TABLE III - I

Administration on Aging Education and Training Activities
Funding under Titles IV-A and IV-E of the Older Americans Act
Obligations for FY 1978, FY 1979 and FY 1980
(in Thousands of Dollars)

Education and Training Activity	FY 1978	FY 1979	FY 1980
All Activities	$ 20,800	$ 20,800	$ 22,342 1/
Career Training			
Gerontology Career Preparation Program	7,791	6,909	7,780
Quality Improvement Program 2/	2,009	1,146	3
Dissertation Research Program	165	165	165
Geriatric Fellowship Program	-----	243	330
Minority Recruitment Program	-----	166	-----
Minority Research Associate Program	-----	-----	298
Multidisciplinary Centers of Gerontology			
Planning and Operational Projects 2/	3,507	176	-----
Long Term Care Centers	-----	2,489	2,775
National Aging Policy Study Centers	-----	-----	959
Continuing Education, Training and Tech. Assist.			
State Education and Training Program	5,889	6,000	1,929 3/
Bureau of Labor Statistics Studies	147	-----	-----
Regional Education and Training Program	-----	210	1,665
National Continuing Educ. and Trng. Program	-----	741	2,387
Advocacy Assistance Centers	-----	1,349	989
Health Screening	-----	66	-----
National Impact Projects	-----	-----	200
Conferences			
Conference Projects 2/	530	937	-----
National Conference Program	-----	-----	578
1981 White House Conference on Aging	-----	-----	2,040
Other 4/	762	203	244

1/ Includes $ 1,542 thousand from other sources
2/ Discontinued Activities
3/ Additional funding budgeted for 1st Quarter, FY 1981 to equal $ 4,921,000
4/ Includes proposal review costs, guideline publications, unsolicited proposals, and unobligated balances

1. Gerontology Career Preparation Program

Competition for financial assistance under the Gerontology Career Preparation Program was last held in FY 1979. Awards were made to 80 post-secondary educational institutions to support the training of persons who are employed or preparing for employment in the field of aging. Awards were made only for programs targeted toward specialized career training consistent with priorities of the Older Americans Act. In previous years, awards were also made for programs that infused aging educational content into the general curriculum, in recognition of the different gerontological program strengths and stages of development among various types of educational institutions. AoA established four project categories: university-wide, graduate and professional school, two and four year undergraduate, and consortia. Special emphasis was placed on making awards to fund minority and rural institutions. No new awards will be made until FY 1983.

2. State Education and Training Program

The State Education and Training Program awards discretionary grants to State Agencies on Aging to support in-service training of personnel in State and Area aging agencies and service volunteer and provider agencies. Awards were last made in FY 79. New awards will be made in early FY 81 for a three year period. Each State training program will be coordinated with the State's major activities developed under the State plan.

3. Dissertation Research Program

The Dissertation Research Program provides grants to universities for support of doctoral dissertations in the social and behavioral sciences on particular aspects of aging. The program is designed to encourage doctoral students to elect careers in gerontological research leading advancement of knowledge of older people and the aging process. In recent years, about thirty awards of $5,500 each have been made annually, with approximately ten awards supporting dissertations by minority graduate students.

4. National Continuing Education and Training Program

The Administration on Aging has supported a variety of projects with a focus on development of instructional materials and training in continuing education since 1973. Beginning in FY 79, these efforts were formalized and consolidated in a single program with national scope. This National Continuing Education and Training Program supports the development of instructional materials, training, and technical assistance projects in AoA priority program areas as multipurpose senior centers, community care services, services to low income minorities, and health education.

5. National Conferences on Aging Program

Support for conference activity has represented a significant investment of AoA's education and training efforts since its inception in 1965. Beginning in FY 1979 support for conference activity was formalized as a separate activity based on solicited competitive proposals in specified priority areas. FY 1980 institutes, symposia, workshops, and conferences related to social, economic, political, and scientific policies and priorities in aging were awarded in three areas: the role of community hospitals, constitutional issues related to the age discrimination act, and abuse of older persons.

6. National Aging Policy Study Centers

The 1978 Amendments authorized support for "centers of special emphasis" as part of the Title IV, Part E Multidisciplinary Centers of Gerontology Program. The center program was divided into two initiatives. Under one initiative, six National Aging Policy Study Centers were funded under cooperative agreements in June 1980, each with a unique focus representing a significant social, economic or health related problem area for older persons. Funded centers have missions in: income security,

employment and retirement, health, older women, housing and living arrangements, and education, leisure, and continuing opportunities. Each center will engage in multidisciplinary research, educational development, demonstrations, technical assistance, and training activities appropriate to its subject area.

7. Long Term Care Gerontology Centers

AoA in FY 1979 began to implement the second major initiative of the Title IV-E Program by supporting 22 grants for planning comprehensive Long Term Care Gerontology Centers. A total of 16 centers are being supported in FY 1980 under one of three categories of development reflecting their different levels of maturity and readiness to perform education and training, service and practice model development, and research in collaboration with health, social service, and aging agencies. Each interdisciplinary center brings together a medical school and other health related educational institutions with schools and departments representing aging and social professions and disciplines. Together they interact with community service and planning organizations in activities ranging from clinical and applied research to technical assistance. The principal aim of the centers is to improve the planning, management, and delivery of health and social services for the chronically ill and functionally impaired elderly.

8. Geriatrics Fellowship Program

During FY 1979 AoA awarded six grants to support the development of multi-year programs to train physicians for faculty leadership roles in geriatric medicine. Each award is for a period of about six years after which each project will have trained and placed three geriatricians on medical school faculties. It is expected that, from these vantage points, geriatric medicine will more likely become part of the training of succeeding generations of physicians.

9. Minority Research Associate Program

The 1978 Amendments made special reference to the need for training minority group individuals in the field of aging. The Minority Research Associate Program was initiated in FY 1980 with five awards to universities with established research programs in gerontology. With these awards the institutions will recruit minority scholars who have completed their training in a recognized field of social science, and provide them resources, support, and guidance for education and research in gerontology having a focus on improvement of service or service delivery to minority elderly.

10. Minority Recruitment Program

The Minority Recruitment Program, initiated in FY 1979, is designed to provide scholarships to students of four ethnic minority groups for career preparation in aging: Asian/Pacific Americans, Blacks, Hispanics, and Native Americans. Participants, graduates or undergraduates, will have, not only a career focus in their academic training but will also render services upon completion of their training related to aging. Thus, the program will benefit minority elderly, directly or indirectly, with services provided by well trained minority professionals.

The planning phase, completed with the assistance of a contractor, identified critical manpower/service needs of the minority groups, developed recruitment strategy models, and set up a recruitment process. The operational phase is scheduled to begin in FY 1981 with a program announcement for competing applications from educational institutions to design and establish distinct minority recruitment and career preparation programs for the field of aging.

11. Regional Education and Training Programs

The primary objective of the Regional Education and Training Program (RETP) is to foster cooperative efforts and linkages between academic and service practice communities within each D/HHS region. It is

expected that this multi-year, developmental effort ultimatley will result in improved use of limited education, training, and research resources, both those available under the Older Americans Act and those from other sources.

Among the activities that will be conducted under the program are: convening of regional education and training and research utilization conferences, fostering program coordination by systematically identifying and sharing information on regional needs, resources and activities, and providing interstate training in subject matters appropriate to the region.

The RETP will be administered by the AoA regional offices in close collaboration with the academic and service practice communities in their regions. A contract was awarded for each region, effective July 1, 1980, to provide assistance to the AoA regional staff in implementing the program.

C. Inter-Departmental Working Group on Development and Implementation of a Manpower Policy for the Field of Aging

1. Organization of the Working Group

Section 401(b) identifies ten Federal agencies that the Commissioner on Aging is to consult with in the process of developing and implementing a manpower policy. After careful analysis, AoA determined that several additional agencies with a history of significant involvement in aging activities should be included. A list of 26 Federal organizations was developed for the purpose of organizing a working group of Federal agencies to consult on manpower policy development for the field of aging.

The Commissioner on Aging sent an invitation to the Secretary of each Department and/or Agency Director on this list to appoint a representative

to an Inter-Departmental Working Group on Development and Implementation of a Manpower Policy in the Field of Aging (a.k.a. the "Working Group"). Invitations to participate were also extended to the Federal Council on Aging and to the U.S. House of Representatives and U.S. Senate select, special, and legislative committees and sub-committees responsible for aging programs.

The agenda for the first meeting of the Working Group included a brief presentation on the specific legislative requirement to develop a manpower policy for the field of aging, current AoA plans to meet that requirement, and discussion on the contributions other agencies might make in the development of a manpower policy.

To facilitate interchange of ideas the Commissioner on Aging Robert Benedict and the Chief Counsel of the U.S. Senate Special Committee on Aging made introductory remarks on the expectations Congress may have had in establishing this mandate. Subsequent discussion focused on a paper on the history of AoA involvement in manpower activities, a proposed long range plan for manpower studies in aging, and a tentative outline of this report.

2. Inventory of Federal Activity in Aging Manpower

As an initial step towards the goal of developing a national aging manpower policy, the Inter-Departmental Working Group was asked to have the major components of the 26 agencies represented complete and inventory of their current involvement in manpower activities impacting the field of aging. A questionnaire, revised after discussion with the working group, was sent to each designated agency representative for completion.

As of late July 1980, inventory responses were received from 48 organizational components in seven departments and two agencies. Thirty-three

of the respondents reported some involvement in the supply of aging manpower.* It is estimated that several additional organizational units have aging manpower activities. In some instances, organizational units which responded negatively at the agency or departmental level are known to support manpower developing in aging within lower level units. Several other organizations not originally asked to participate in the inventory should be given that opportunity based on a closer look at their manpower programs.** It is probable that at least 40 Federal organizations, division level and higher, currently conduct or support activity impacting the supply of manpower.

The questionnaire was constructed so that affirmative responses to categories concerned with training, research, and related functions identified in Table II-2 were followed-up with questions pertinent to that function.

* Organizational units impacting the demand for aging services report annually to the U.S Senate Special Committee on Aging which publishes Developments in Aging. In the most recent edition of this document, 34 departments and agencies reported some involvement in the field of aging.

** Including Community Services Administration, Law Enforcement Assistance Administration, and Bureau of Indian Affairs.

Table III - 2
Inventory of Manpower Development
Activities Performed
By Federal Agencies and Departments
1980

Functions Supported	Departments/ Agencies (n=7)	Organizational Units (n=32)
Training	7	28
1. Directs training by the agency	4	8
2. Awards financial support for extramural training	5	21
3. Develops materials	5	15
4. Provides student or fellowship support	4	8
Research and Information	6	20
5. Performs internal staff studies	5	10
6. Supports external special studies	3	7
7. Performs manpower forecasting	4	8
8. Provides technical assistance to other agencies	5	9
Related Matters	6	14
9. Uses manpower for direct service	5	7
10. Requests aging experience in staffing	3	4
11. Relates to non-Federal agencies that have aging manpower responsibility	5	8

a. Training Activity

Almost half of the Federal organizational units that responded to the inventory indicated they support training with some aging content through contracts and grants. Very few units stated that they engaged directly in training activities with aging content for their own staff, or for other personnel. Almost one-third indicated they support development of curriculum or educational materials for use in training, including several units that did not offer other support for training activities. Eight units provide internships or residencies and fellowships for personnel preparing for or already employed in aging.

Two organizations reported they engage in all the above training activities. The Veterans Administration provides career, continuing and in-service training in medicine, psychology, nursing, physical therapy, and social work. It estimates that 20,000 professionals who provide diagnosis and treatment of health and social impairments will have received short and long-term training during FY 1980.

The National Institute on Mental Health provides career, continuing and in-service training in development of mental health and related professions at all levels of instruction. It estimates that approximately 1,200 individuals will be trained in FY 1980. Both NIMH and the VA employ and provide training practicums in facilities operated by the Government, i.e. in Veterans Hospitals and Homes and at St. Elizabeths Hospital.

Other Federal programs which provide extensive training support include ACTION (Older Americans Volunteer Programs), Health Research Administration (Bureau of Health Professions), the National Institute on Alcohol Abuse and Alcoholism, and the Department of Education in the Office of Vocational and Adult Education, the Fund for the Improvement of Post-Secondary Education, and the Office of Special Education and Rehabilitative Services.

A number of the major units of the Health Resources Administration and the National Institutes of Health provide specialized health training related to research, prevention, or care of health impairments afflicting the elderly. The National Institute on Aging supported training for 284 professionals and scientists in geriatrics and gerontology, a number who served as fellows and associates at their in-house Baltimore Gerontology Research Center. The Bureau of Health Manpower in PHS is expanding its support for development of curricula in geriatrics for nursing, medicine, dentistry, and allied health professions.

Most of the organizations reporting training activities serve occupational objectives that are limited to the research or service support activities of that agency. Those objectives can be broad (e.g. the Title III program of the Older Americans Act), narrow (e.g. management of volunteer programs, management of public housing facilities), or highly specialized (e.g. research training in oncology).

The new Department of Education and the Department of Labor have major manpower development missions. The Department of Education approaches its mission primarily through direct non-categorical student assistance and, to a more limited degree, support of institutional programs. Student assistance programs addressed to specific aging training objectives were not reported in the inventory. Institutional programs that address aging manpower are reported in the Office of Higher and Continuing Education and the Office of Special Education and Rehabilitative Services. Special manpower training activities are supported by the Office of Educational Research and Improvement and the training unit of the former Rehabilitative Services Administration recently transferred by reorganization from the Office of Human Development Services in the Department of Health and Human Services.

b. Studies Related to Manpower

Most of the 28 Federal organizational units that reported supporting training activity do not support research and studies of manpower utilization. Nevertheless 10 of the 13 organizations who reported that they use staff to conduct studies and investigations of manpower also pertinent to aging support training activities. Only 4 units reported they support manpower studies through grants or contracts: the Office of Vocational and Adult Education (Department of Education), the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse. Eight units reported provision of consultation to public and private agencies and the preparation of materials relative to manpower supply and demand in aging. In addition to the four identified above they are: the Bureau of Labor Statistics, the Veterans

Administration, the Bureau of Health Professions (Health Resources Administration) and the Office of Special Education and Rehabilitation Services.*

Other units which reported some involvement in research and/or information dissemination included the Office of National Programs (Department of Labor), ACTION, the National Institute of Arthritis, Metabolism, and Digestive Diseases, the Fund for the Improvement of Post-Secondary Education in the Department of Education, and the Extension Service of the Department of Agriculture.

c. Other Activities

In addition to support of training and studies of manpower in aging, organizations were asked if they employed staff with credentials or experience in aging, if they related programatically to state and local public agencies which have responsibility for implementing manpower policy in aging, or if they supported specialized manpower in direct service programs for the elderly.

Only four organizations reported hiring staff with aging backgrounds: the Veterans Administration, the National Institute on Aging, the

* Organizations which did not report staff involvement in studying manpower utilization.

Farmers Home Administration, and the National Institute of Mental Health. Five other units reported utilization of specialized manpower in direct service provision: the Older American Volunteers Program (ACTION), the Bureau of National Programs (Department of Labor), the Bureaus of Medical and Community Health Services in the Health Resources Administration, and the Office of Adult and Vocational Education. Rehabilitative Services in the Department of Education reported working with State and local agencies having responsibility for manpower utilization in aging as did the Veterans Administration, Bureau of National Programs, Older Americans Volunteer Program, National Institute of Mental Health, and the Office of Adult and Vocational Education.

CHAPTER IV

RECENT STUDIES RELATED TO THE SUPPLY AND DEMAND FOR PERSONNEL WORKING IN THE FIELD OF AGING

Describing characteristics and estimating numbers of individuals who work in the field of aging is made difficult by lack of consensus on its content and limitations, the diversity of settings in which elderly are served, and the relative absence of reliable and periodic data. Studies have been performed which provide information on important components of what has been identified in Chapter I as the field of aging. Although such studies cannot be pieced together consistently, they are sources of valuable information for understanding the complexity of the field. Eight separate studies, including one with multiple topics and reports are described in this chapter. All but one are relatively recent. The oldest study was conducted in 1968, yet is the most comprehensive in scope of all studies critiqued in this chapter and offers the closest analog to current requirements for establishment of a national manpower policy.

A. The Demand for Personnel and Training in the Field of Aging: 1968

The Older Americans Act Amendments of 1967 (P. L. 90-42) specified that the Secretary of the Department of Health, Education, and Welfare "undertake, directly or by grant or contract, a study and evaluation

of the immediate and foreseeable need for trained personnel to carry out programs related to the objectives of this Act (the Older Americans Act of 1965) and the availability and adequacy of the educational and training resources for preparing (personnel) to work in such programs." The responsibility for this undertaking was delegated to the Commissioner on Aging, who in turn commissioned the Surveys and Research Corporation of Washington, D. C., to undertake the necessary research and prepare a report on its findings.

Limitations on time and resources compelled the contractor to focus the study primarily on analysis of existing data. Three new data bases were developed, however, with AoA support in conjunction with the study. Grants were made to two national organizations representing the fields of retirement housing and recreation to project personnel requirements for serving the elderly. AoA authorized Surveys and Research Corporation to collect data on employees in State and Federal programs as a part of its contract.

The study analyzed data on a limited number of occupations believed to be most frequently represented in programs primarily or exclusively serving the elderly. Estimates were made of the current number of personnel in broad occupational categories, the number employed by employment settings, the number of anticipated graduates from training programs and institutions, and the approximate number of personnel who worked with the elderly. The latter estimate included numbers

of personnel in programs that serve all age groups, as well as in educational institutions that were engaged in producing new manpower for the field.

Altogether the report supplied current estimates (1967-68) for 18 occupational groups, with an overall estimate of one-third of a million professional and technical personnel in programs serving older persons primarily or exclusively. More than 80% of this estimate was accounted for by three personnel categories: nurses, nurses aides, and nursing home administrators.

Estimates of need for the selected occupational categories were projected for 1970 and 1980. The study reported estimates in most categories but the researchers stated confidence in only two occupational categories in which new data were collected. Estimates for technical and professional staff working in aging ranged from less than 50 percent to more than 500 percent by individual category. Illustrative of the projections using new data were estimates for personnel employed in AoA and State units on aging:

Table IV - I

Estimates of Aging Network Personnel: 1968

Agency	1968	1970	1980
AoA	47	86	300-400
State Units*	172	281	447

*Funded by Older Americans Act Funds.

The accuracy of these estimates can now be examined. AoA reported a total of 734 professional staff for State agencies funded under the Older Americans Act. At the end of FY 1979, or 60% higher than the study estimate.

Comparatively, total AoA staff, including regional and clerical personnel, was less than 250 in June 1980, or 20 to 60% lower than estimated in 1968. These differences in projections illustrate the potential for error using even the best and most reliable sources of data.

The second focal point of the 1968 study was to examine training programs and needs and to suggest feasible improvements. Of the 23 recommendations made with respect to training, about half were incorporated in subsequent program guidelines. Although some were found impractical or too expensive, others remain viable such as the establishment of a manpower data center responsible for assembling and publishing on a continuing periodic basis data on manpower supply, utilization, and demand in the field of aging. This is a step suggested for consideration in the concluding chapter of this report.

B. Bureau of Labor Statistics: Occupational Research in the Field of Aging, 1975-1978

Between 1975 and 1978, the Department of Labor's Bureau of Labor Statistics (BLS) conducted an exploratory investigation of the supply and demand for various categories of personnel in the field of aging. The results of this work are contained in 5 analytical reports published as AoA Occasional Papers in Gerontology (one forthcoming) 4 unpublished

state of the art reports, 10 career counseling brochures, and articles on careers in aging in six separate issues of the Department of Labor's Occupational Outlook Quarterly.

These studies were undertaken by the Division of Occupational Outlook in the Office of Economic Growth and Employment Projections under a cooperative agreement with the Administration on Aging, which was responding to a 1973 Congressional mandate calling for a study of the Nation's personnel needs in aging. The original design to examine supply and demand of various categories of personnel in aging using a standard approach and methodology was altered after preliminary study determined that reliable and periodic data were not available.

One of BLS's first efforts was to ascertain the minimal requirements for establishment of a manpower information system for the field of aging. AoA subsequently determined this plan to be impractical in terms of cost. BLS then recommended that ongoing surveys in the Federal Government already having data useful in performing manpower studies be modified to produce more consistent information. To accomplish this end BLS recommended AoA establish a staff unit on manpower studies.

BLS performed studies of two occupational groups and three employment settings with high proportions of personnel working with the elderly. These studies were based primarily on analyses of issues in employment

and training. The occupational groups investigated were homemaker-home health aides and social workers. The employment settings or industries studied were nursing homes, agencies on aging, and recreation. Reports of the studies were used as a significant resource for identifying the issues described in Chapter V of this report. A summary of findings of four of the studies is presented below:

1. Homemaker-Home Health Aide Services, 1977

BLS identified this occupational area for study not only because the demand for home health services was increasing in the mid-1970's, but also because it was one of the few areas in which basic employment data could be found. Most of the data used were from a 1973 survey conducted by the National Association for Homemaker-Home Health Aide Services.

The BLS report was written in two parts. The first part describes the agencies that provide homemaker-home health aide services, how they are organized and whom they serve. The second is focused on characteristics and employment requirements of the personnel who provide services, explains why individuals pursue this form of employment, how they are recruited and trained, and why they leave.

As with most occupations that serve the elderly, data on current and projected requirements for homemaker-home health aides were not available in Bureau of Census or BLS periodic surveys apart from the

special survey used. No data were available on requirements for administrators, supervisors, intake workers and others who work with aides in serving the elderly. BLS estimated 60,000 individuals were employed as homemaker aides in 1975. More than half of this number were newly employed, a clear indicator of the high turnover in this occupation. Expanded government programs for homecare in Medicare, Medicaid, and Title XX could expand the number of aides needed to 253,000 in 1990. Under existing legislation, however, BLS believed the present supply of workers to be adequate, to the extent that service organizations are able to fill their current vacancies without extensive recruitment.

The basic profile developed by BLS for this service industry was one of great uncertainty, with the possibility of the current apparent over-supply of employees changing overnight to one of low supply. This situation could occur even without new government benefits, if legislation were to be passed requiring minimal standards of care. This would require great expenditures for training and supervision. Among the problems affecting care of the elderly are low morale and high turnover of workers, low pay, uncertain working hours, lack of career ladders, and uneven or little in-service training on personal care of the elderly.

2. The Nursing Home Industry, 1976, Revised 1980

Of all employment settings for personnel working in the field of aging, only the nursing home industry corresponds with the indus-

trial and occupational structure of statistical programs conducted by the Bureau of the Census and BLS. This factor coupled with the importance of the burgeoning nursing home industry made a study of supply and demand for personnel working in nursing homes ideally suited for BLS investigation.

The report for this study is divided into three sections. The first section defines the scope and basic factors underlying nursing homes as a growth industry. The second defines current employment and projected requirements for nursing home employment by standard occupational categories, i.e., professional and technical workers, managers and officials, clerical workers, service workers and operatives. The third section analyzes supply and demand for 12 selected occupations, most of which require specialized training and/or degrees from post-secondary educational institutions.

The findings of this study were similar in many respects to the study of homemaker-home health aides, although employment in nursing homes exceeded 828,000 in 1976, nearly four times greater. Most nursing home workers were found in-service occupations, contributing to the finding that nursing homes have the lowest ratio of professional and technical workers of any major segment of the health sector. Openings due to turnover are highest in the service occupations, led by nursing aides, orderlies, and attendants (16,000 per year), cleaning workers (5,400 per year), and practical nurses (4,300 per year).

Among other findings reported in this study, were broad variations in percentages of occupational groups employed in nursing homes. Only 7% of registered nurses and 20% of all practical nurses work in nursing homes versus 48% of all nursing aides, orderlies, and attendants. The number of health administrators in nursing homes fall midway between these percentages at 29%. An assumption of overall growth in percentages made by the researchers reflects anticiapted increases in the numbers of elderly in the general population, health expenditures, and the trend for older and younger family members to live apart. Using these assumptions, the total number of personnel working in nursing homes is expected to reach 1,431,000 in 1985.

The study on nursing home personnel is also instructive of the complexity and difficulty in accounting for the number of personnel who work with the elderly. While it is safe to assume that all nursing homes serve the elderly, since it is known that 89% of all residents in nursing homes are age 65 and older, it is difficult to estimate the significance of projecting requirements for occupational groups represented in nursing homes, but largely employed in other settings.

BLS used several standards for identifying key occupations in the nursing home industry but still had difficulty in building a bridge between occupations found in nursing homes and occupational data collected by the Bureau of Census. Even by stretching criteria to include occupations of which only one-tenth of one percent of their

number were employed in nursing homes, BLS could not include a single health practitioner occupation for detailed analysis. In other words, although physicians, dentists, optometrists, chiropractors, and podiatrists often provide services to the elderly who reside in nursing homes, they are not significantly employed by this sector. The same is true for more than 50 other occupations with representatives working in nursing homes.

3. Employment and Training Issues in Social Work with the Elderly, 1979

The importance of studying occupational groups that serve or potentially serve the elderly in different employment settings is illustrated in the BLS study of social workers. A major highlight of the published report was the statement that, "currently available data are not adequate to estimate current employment of social workers in the field of aging or project future employment." The data that were available to BLS do, however, provide insight into the nature of the social work force in general and by selective analysis, job situations in the field of aging.

Much of the information developed by BLS on characteristics of social work in aging and key issues related to their supply and demand came from convening selected experts in the field at a two-day conference sponsored by BLS in Washington, D. C. in 1976. The report is divided into four sections. The first describes four major areas of social work practice impacting the elderly, i.e., casework and group work,

supervision and administration, community organization, and social policy and planning. The second section briefly analyzes supply and demand information on social work in aging. The third section describes issues in the education and training of social workers and the relationship of this occupation to aging. The final section is prospective, suggesting implications of two alternative social service models. One is based on a national policy for the frail elderly suggested by the Federal Council on Aging: the other on personal care services suggested by Robert Morris of Brandeis University and Delvin Anderson of the U.S. Veterans Administration.

Of necessity, the findings of this BLS study were based on considerably less data than the BLS studies in the health sector. Emphasis was placed on issues and circumstances surrounding social work education and regulation of practice. Although an increasing number of social workers are thought to be finding work in jobs serving the elderly, in such locations as nursing homes, senior centers, and agencies on aging, there was lack of consensus on content. BLS recommended that Federal support be given to the core curriculum project sponsored by the National Institute of Mental Health developed by the Council on Social Work Education. This curriculum advocates social work specialization in aging at the graduate level.

BLS found social workers in aging jobs to be paid less, to have fewer career ladders, and less job security than social workers in other positions. The better trained social workers in aging experienced

higher turnover rates than those with less formal training who were less secure and able to find jobs outside aging.

The findings of the BLS study on social work illustrate more typically than the studies on nursing home personnel or homemaker-home health aides, the obstacles to understanding supply and demand characteristics and projections of personnel in the field of aging. The most visible feature of workers in aging outside the health sector is the lack of aging content in their pre-service formal education. This circumstance may change considerably as fields like social work achieve self-regulation, accept licensing of its members and regulation of performance through service standards established by government programs.

4. Employment Issues in Agencies on Aging, 1979

Unlike the other studies, BLS was asked to perform in conducting research on personnel in aging, its study of personnel employed by State and area agencies on aging was narrowly focused on the question of whether or not a sufficient supply of qualified persons was available for employment by these organizations. In the course of answering this question, other interesting information on employment problems and issues was discovered.

As in other studies, it was difficult to locate useful data. BLS relied primarily on data reported to AoA, several small surveys conducted prior to their study, and comments recorded in a special two-day conference of selected experts in sponsored in Washington, D. C., in 1976. The report was written in two sections. The first described

current trends in supply, demand, and the job market. The second discussed employment issues, particularly the training needs of employees and the barriers in hiring qualified graduates of gerontology training and education programs for government positions.

The response to the basic question addressed by this study was that, with the exception of geographic maldistribution, the supply of qualified people for positions in State and Area Agencies on Aging was adequate. The status of minorities, however, was not addressed.

Despite its finding that qualified job applicants were available, BLS found a high turnover in professional staffs. Turnover was attributed to low pay and lack of promotional opportunities in small staffs. This was considered disruptive to productivity, but beneficial in terms of bringing in new talent and distributing trained aging personnel to other employment settings that help the elderly. Turnover was also found high among State agency directors, especially those who were political appointees. Civil Service regulations were found to impose barriers to the hiring and promotion of recent graduates of gerontology training programs.

C. Geriatrics in the United States: Manpower Projections and Training Considerations, 1980

The Henry J. Kaiser Foundation recently supported research by the RAND Corporation in Santa Monica, California, on the need for geriatricians

over the next fifty years. The completed report of this study has caught public attention in both research and public policy areas for its fresh approach to manpower projections in the health sector and its suggestions for altering the configuration of personnel providing services to patients in long term care settings. Unlike other investigations relevant to the field of aging, the RAND study provides an in-depth and thorough examination of a small and highly skilled occupational area whose members are entirely devoted to work benefiting the elderly. The detail of analysis provided is enhanced by the abundance of data on medical education and practice, much of it provided by the statistical activities of the National Center for Health Statistics in the Public Health Service.

The beginning point of the study is an analysis of the present state of health care of the elderly with emphasis on services provided by physicians, the most expensive and highly trained occupational area in the health sector. A discussion of physicians with training in geriatrics is followed by analysis of various roles geriatricians should have as faculty in schools of medicine, geropsychologists, and as practicing geriatricians in primary care and long-term care settings. Four alternative assumptions are explored for estimating the number of these specialists needed now and at ten year intervals through 2010. The study ends with discussions of appropriate strategies for supplying the number of geriatricians needed, measurement issues in long-term care delivery, and of an agenda for research.

Using their preferred assumptions on quality and quantity of care and services to be provided older persons, the authors estimated that the United States will require about 8,000 geriatricians by 2000. This compares with the most recent estimate of 715 geriatricians based on data from a 1977 survey of practicing physicians by the American Medical Association. It is possible that the RAND estimate may be too high, but most health manpower specialists are likely to agree that significant changes in physician training are required to equip this profession for better services to the elderly.

The identification of long-term care with a medical model centered on the role of a geriatrician has great implications on the design of non-medical services to the vulnerable elderly. Recognizing this task, the researchers offer a long supporting list of recommendations for reordering the training and employment of other health professionals and social workers, changing health insurance regulations, development of standardized measures and vocabulary with respect to the elderly.

The extension of the techniques and methodology used in this study to other occupational areas of personnel who work with the elderly is problematic in view of the unavailability of data and supporting resources. Nevertheless it is predictable that it will become a reference source of much interest to aging manpower analysis for some time to come.

D. Gerontology Education in the United States, 1978

Academic programs in gerontology are new phenomena in higher education, so recent that they have yet to receive formal recognition in statistics compiled by the Department of Education. By virtue of their respective interests in aging, various component agencies of the Department of Health and Human Services have accepted responsibility for development of post-secondary educational programs to train personnel for work with or on behalf of older people. In the absence of reporting by Federal statistical programs in the status of gerontology in higher education, the gerontology center at the University of Wisconsin conducted a census of post-secondary institutions in the United States in 1975 with AoA funding support. The result of this study was published in 1976 as the National Directory of Educational Programs in Gerontology, First Edition. The survey and directory contained descriptive data about activity, courses, and programs related to aging in 1,270 two and four year and graduate education institutions. Of these institutions, 607 offered a minimum of one course with 402 offering two or more courses.

In 1979, the Association for Gerontology in Higher Education published without government assistance a second edition of the directory using data from 121 of its 139 members. Members of AGHE represent a major proportion of the graduate profession and university programs in gerontology. The two editions of the directory are the basic references available to individuals who have an interest in formal educational preparation for the field of aging.

The directory, though a useful source of information, is limited to a basic descriptive information for students AoA supported in 1977. A more detailed study was conducted by the University of Nebraska at Omaha, using a sample of the gerontology programs identified in the first directory. The final report of this University of Nebraska at Omaha study, Gerontological Education in the United States, completed in 1978 contains a profile of the organizations, philosophy, and content of gerontological programs in the United States.

1. Study Objectives and Methodology

A basic objective of the Nebraska study was to develop both a data base and framework for planning future studies. It did not attempt to conduct a complete census of gerontology programs in the United States. Questionnaires were developed and sent to all 402 institutions identified in the first edition of the directory as having two or more courses in aging. The return of only 42% of the questionnaires made generalization of findings to the entire field of gerontology impossible. The information received from 169 returned questionnaires and follow-up visits to 17 institutions, were useful, however, for developing guidelines for future study of the structure and support of programs, of credentials offered in gerontology, types of participating academic units, curriculum, and faculty characteristics. Student data were not solicited.

2. Findings

Gerontology programs are found in a wide variety of public and private colleges and universities. Only 10% of the programs in the sample were found to have a school or department status. Another 30% constituted a sub-unit of a department. The remaining 60% were identified as institutes, centers, or more frequently, as multidisciplinary units. Academic departments offering courses in aging were, in descending order of frequency, gerontology, health fields, and psychology for 4 year colleges and universities, and divisions of social work and human services in community colleges. A significant number of graduate courses were also offered in departments of education and social work.

Information on faculty members revealed them to be relatively young and of limited experience in academic circles. About half received their highest degree in the seven years preceding the study, and more than half reported teaching courses in aging for three years or less. Nearly half held junior academic standing, e.g. assistant professor or below. The median age was slightly above 40 years. The number of faculty who were female was relatively high (43%). No data were given for minority status or level of position by sex.

3. Interpretation of Findings

The major intent of the study, to develop a classification structure for future studies of gerontological programs in higher education, was not accomplished. The diversity of organizational situations

seemed to indicate a limited acceptance of gerontology in the traditional structure of post-secondary institutions. Very few programs were administered by a dean, department or committee chairperson, although more than 50% of the unit heads reported to the chief academic officer, school or college dean.

Only a third of the institutions reported having Federal support for their programs, but for those institutions, such support constituted a significant proportion of the total budget (34%) and was higher than that provided by direct State support. More than half of resources allocated were used for instruction. Less than one-third of the programs reported non-traditional institutional activities, such as summer institutes or workshops.

A wide variety of instructional programs with aging content were found in this study. Half of the respondents offered one or more degrees at the bachelors level or below. One third offered programs with a major in aging, with others distributed as degree minors, specializations, or concentrations. The patterns in organizational structures, credentials offered, and faculty characteristics and affiliations suggested considerable diversity in design. Movement towards institutionalization within the traditional academic organization structure was evident but could not be measured. The direction for movement appeared less to be of recognition of gerontology and aging in the higher education community than a press by gerontology programs for recognition as insurance for survival.

E. Evaluation of the Administration on Aging's Gerontology Career Preparation Program, 1980

In 1977 the Administration on Aging commissioned Ketron, Inc. to conduct a major evaluation study of its oldest and largest education and training activity, the Title IV-A Gerontology Career Preparation Program. The draft final report (June 1980) analyzes data collected from 1200 current and former students, 400 staff and faculty, and 56 educational institutions that were funded by AoA in academic year 1977-78. The study had as its major objectives, to determine:

- o whether students who received financial support from the AoA grant were able to obtain jobs in the field of aging;
- o how grant recipients make decisions with regard to who receives student stipend support and in what amount;
- o whether the characteristics of students receiving stipend support differ from the characteristics or those who do not;
- o the extent of faculty and institutional support given programs supported by AoA under the IV-A program; and
- o the relationship between program activities supported by AoA and aging network organizations and agencies.

1. Findings with Respect to Major Program Goals and Objectives

Despite extensive data collection and analysis, the evaluators found it difficult to determine quantifiable measures identifying successful programs. Nevertheless a field investigation of 18 educational institutions that were grant recipients concluded that without exception project support met needs defined by the institutions and that funds

were capably and competently used. The investigation found staff and students highly committed to aging and their gerontology programs a distinct addition to traditional coursework. From the evaluator's perspective, the extensive secondary effects of project grants was surprising, expecially in their ability to attract involvement of faculty and departments in disciplines and fields not primarily attached to the grant.

The evaluators found their ability to measure impact limited by ambiguity in the programs core goals and objectives. In the course of the data collection period for the study, evaluators found two contrasting models of career education in aging expressed by AoA.

One model was found to have origins dating back to the beginning of AoA preceding establishment of the Career Preparation Program in 1973. Under the earlier Title V Traineeship Program of the Older Americans Act (1966-1972), AoA supported educational programs leading to either a degree in gerontology or a major emphasis in aging as a concentration in a related field of study. A major characteristic of this model was an emphasis on field experience as a component of the curriculum, with anticipation of preparation and placement in an aging related job immediately upon graduation or completion of the program. The preponderance of graduates from this model were expected to assume middle management jobs in agencies and organizations at the local, State and national levels. A smaller number were expected to serve as policy analysts, researchers, and teachers.

The other model found by the evaluation team emphasized infusion of aging content into existing educational programs of professional schools. The intent of this model appeared to be to provide knowledge and develop sensitivity towards the elderly for individuals who would ultimately serve as practitioners in such occupations as doctors, lawyers, architects, librarians, physical therapists, nurses, gymnastic instructors, etc.

Both "models" perceived by the program evaluators derived their objectives from the same legislative authority. Modifications of this authority by the 1978 Amendments to the Older Americans Act resulted in new program guidelines being issued in FY 1979. The new guidelines are seen by the evaluator team as an attempt to support both program models. The evaluators raise certain issues concerning the effect of AoA's shifts in emphasis on the continuity and maturity of existing gerontology programs in higher education, including:

- whether funds should be directed only to specific programs leading to degrees and credentials in aging, or whether they should be used to provide exposure for a wide number of students who may ultimately decide to become practitioners in other fields;
- whether funds should support development of existing programs, or initiate new activities (evaluators subjectively found programs supported four or more years to be "better").

The evaluation team found AoA's ambivalence with respect to a single program model rooted in problems faced by the entire aging field, namely that there is a lack of comprehensive knowledge respecting

the current job market in aging, a lack of consensus among employers as to what kind of practitioners are needed to improve services to the elderly, and limited agreement on the relative value of different credentials, experience, and training.

Problems were found in the administration of the program by AoA, several of which have been addressed in the more recent AoA guidelines for this program. Significant changes in program directions affecting the evaluators conclusions are in parenthesis:

- The perception that changing priorities of the program reflected AoA or political decisions more than the actual needs of the aging community or the interests of the universities or the students. (The 1978 Amendments to the Older Americans Act, specified a series of special concerns in development of training personnel for the field of aging which were reflected in the 1979 program announcement that guided evaluation of awards for current projects.)

- The comment of most institutions that the short proposal solicitation and project funding cycles made it difficult for key administrators and faculty to make commitments (the latest guidelines offered support for up to three years, an option chosen by most institutions submitting proposals. Nevertheless the very late solicitation and award of projects in the last funding cycle, August 1979, created considerable problems for grant recipients thereby negating some of the benefits of longer term support suggested by this evaluation).

- The finding that none of the schools visited by the evaluator had been visited by their AoA project monitor suggested AoA could not provide the technical assistance most institutions seemed to desire (the IV-A Gerontology Career Preparation Program was decentralized to the ten HHS regions in the fall of 1979 to facilitate monitoring).

2. Impact on the Training of Students

Ketron found the VI-A program reached a surprising number of students in 1977-78 estimated at 14,200. The 58 educational institutions supported represented all levels of undergraduate and graduate study and more than 200 different degree programs and 500 courses in aging. No professional field or social and behavioral science field was found unrepresented. The leading subject areas in which an aging major would be found were, in order of frequency: social work/welfare, psychology, sociology, urban/public affairs, gerontology, education, recreation, and nursing. The most common field represented in course-work was health, although very few institutions had a public health department or school of medicine as the principal recipient.

Most aging projects were found to offer a comprehensive program that included in addition to coursework development and faculty and student support, formal conferences, research, and on and off campus training for aging practitioners. The extent of IV-A support for these activities was not determined.

Of the estimated 14,200 current students having involvement with the program 3,100 were considered to be pursuing a major or concentration in aging and 1,000 a degree directly in a field of aging. The schools estimated that approximately 3,000 of the 4,100 students most heavily involved in aging would ultimately pursue an aging career.

Comparison of data collected from current and former students of IV-A projects, indicates that current students have a greater commitment and awareness of aging prior to enrollment than students of earlier years. The average current student is older (28 years old) and more likely to be female (78%) than previous student cohorts, and more likely to live within 50 miles of the school to which they applied (60%). They were less likely to be full-time students (75%) and less dependent on personal resources to pay tuition (62%). Unlike former students, current students who were working while attending school were most likely to be working in jobs related to aging, a strong indicator that the IV-A program is considered to be a more important component of continuing education and career development for aging personnel today than in earlier years.

About half of the students majoring in aging attending IV-A school programs received stipend and/or tuition support. The principal criteria for use by educational institutions for recruiting and selecting students was evidence of commitment to the field. Not surprisingly, therefore, 56% of current students indicated strong interest in the field of aging. Twenty percent of all students worked in aging prior to enrollment.

The above characteristics of students are all indicative of maturing educational programs being able to attract better and more committed students to the field of aging. However, the focus of recruitment

appears largely to be from students already enrolled in the institution. Less than 10% of all students felt that recruitment by the school through books, programs, speakers or other publications was most important in selection decisions. The most important factors for enrolling in a program were personal experience with an older person, work experience in aging, and availability of financial support.

The decision by Congress to emphasize minority recruitment in education and training programs in the 1978 amendments seems to be supported by the Ketron data. Less than 15% of all students were reported to be minority, a majority of which could be accounted for by enrollment in two predominately Black institutions supported by IV-A grants.

3. Success in Employment in Aging

Of the five objectives pursued by the Ketron study, the one most fundamental to a career model is the degree to which graduates of the program were able to obtain jobs in aging and the relative importance of program factors in attaining employment.

a. Characteristics of Employment

Approximately 70% of all students were employed after graduation, increasing to 77% one year after graduation. Of those employed 45% were working in jobs relating to aging. Among students that found full-time employment, those working in aging received salaries more than $2,000 higher than other fields.

Former students who were working in an aging-related position identified their places of employment as follows:

Human service agencies	25%
Hospitals/nursing homes	18%
Educational institutions and libraries	16%
Government	9%
Other	32%

When permitted multiple responses, former students identified primary roles they served in their current aging related employment with the following frequencies:

Planning, evaluation or advocacy	39%
Direct service provision	35%
Counseling the elderly	28%
Supervision of direct service	22%
Provision of specialized service	19%
Teaching	15%
Research	19%

b. Program Factors Influencing Employment

The rate of employment in aging (45%) among those graduates who found employment was influenced by several factors considered signi-

ficant by the evaluators. The vast majority of these graduates were working in aging (82%). The majority of all students who majored or held certificates in aging also found jobs in aging (60%). This contrasts sharply with individuals who did not major in aging where only one-quarter (25%) who took at least one course found employment in the field.

Other factors influencing ability and a decision to find employment in aging were number of courses taken, prior commitment or involvement in aging, and receipt of financial support. One could predict that if a student took eight or more courses in aging and found employment, 60% of the time she would be working in aging. If previously full-time employed in aging, a person would 74% of the time continue to work in aging if employed after graduation. Part-time prior to work experience in aging reduced probability to 61%. Not surprisingly, the greater the amount of stipend support, the more likely a student would find employment in aging. Nearly 90% of students who received stipends in the highest category ($5,000 and over) found jobs in the aging field.

Practicum experience was important in determining interest in aging as a career, in getting a job in aging and in job performance. Three-quarters of all schools made practicum experience a program requirement. Of the remaining institutions, only 3 did not have a practicum as an option. About half of the practicums paid students

for their work. Most schools (80%) had placements in local aging organizations and agencies, many (50%) had placements in Federal and state agencies and nearly all (98%) had at least one field placement in a privately owned home for the aged. Among current and former students who had practicums 51% felt it was influential in obtaining a job and 72% felt it was useful in performance of the job. On the other hand, the number of current students who participate in practicums is less than the number of former students who participate in practicums is less than the number of former students who had this experience (48% vs. 65%). The evaluators interpret this finding as a reflection on the changes in emphasis in 1978 to professional fields that do not require field experience.

c. Unemployment of Graduates

A negative finding concerning employment was the high rate of unemployment for individuals who had a degree in an aging field compared to other students (10% vs 5%). Among all students who were not working in aging, 28% had tried to find work in aging. Of these 58% did not find an opening. The evaluators use these findings to estimate that, given appropriate openings, up to two-thirds of all graduates would find employment in aging.

Unemployment was highest among former students who were Black. Despite strong indicators of commitment to the field, minority graduates had

great difficulty obtaining jobs in aging. While nearly 50% of all Whites found employment in aging, fewer than 30% of Blacks found similar employment (the rate for other minorities was 35%). The difference cannot be accounted for by experience prior to entering the program or the number of courses in aging completed. Blacks received more stipends than Whites (41% to 35%). The major difference found between populations was that nearly 90% of all Blacks were pursuing an undergraduate degree compared to 56% of all Whites.

A number of explanations are possible for the fact that the employment rate for minority graduates with aging credentials was considerably lower than that for White graduates. Most Black students had been enrolled in the newer IV-A programs at predominately Black institutions in the South. It is possible that the quality of training in the relatively new programs was below the level of that received by students in longer established programs. The opportunities for employment in the vicinity of these schools was probably lower than in urban areas in the mid-west, northeast, and far west. Bias in employment may have been present as well.

4. Recommendations by Evaluators

The evaluation team found the IV-A program accomplishing its basic purpose although success of individual projects could not be attributed to specific program factors. They found a commitment to aging in most institutions that could not be traced to IV-A support alone.

In general they saw considerable latent interest in aging which became activated by the receipt of a IV-A grant award. Five recommendations are offered:

- o that an accurate picture of the job market must be obtained so that national priorities are determined from need;
- o that a clear statement must be made about the use of funds related to continuation, expansion, and initiation of activities in schools with established interest in gerontology, as distinct from institutions where interest may exist but has not been activated;
- o that national priorities be fixed over a longer period of time so that institutions initiating a program under one set of priorities need not abandon those priorities to obtain continued financial support;
- o that guidelines contain national objectives, but allow flexibility for innovation in development of program design and implementation; and
- o that award of financial support by institutions to students remain primarily on the basis of commitment to the field and academic potential.

5. AoA Reaction

Assessment of the need to change policy in the IV-A Career Preparation Program as a result of the Ketron evaluation study has not been completed. A panel of experts will be engaged to review the methodology, results, and conclusions before specific recommendations are made. The next major competition in this program is scheduled for FY 1983. Confounding direct action is the uncertainty of the impact of guideline changes made for the FY 1979 competition. It is anticipated for example, that the percentage of students currently supported

by the IV-A program who represent minorities will have increased dramatically given that emphasis in program guidelines.

The finding that 71% of all former students with degrees in aging, 54% of all students with concentration in aging, and 48% of all other students found jobs in the State in which they received training has possible implication for future program management. These employment percentages suggest that State shortages of personnel in aging are likely to be at least somewhat alleviated by the presence of a training program within the State.

F. Foundations for Gerontological Education, 1980

Support was given by AoA in 1977 for a joint study by the Gerontological Society and the Association for Gerontology in Higher Education to investigate the existence of a core of knowledge essential for all people in the field of aging. Preceding the study was a period of growth in support of the Federal Government characterized by an increase in the diversity of academic programs in aging being offered by colleges and universities. Pressure was being exerted from within the field and by government sponsors for systematic and standardization evaluation of these efforts. The attempt to find a common care of knowledge about aging was expected to be another step towards achieving consensus on a basic curriculum.

Project Design and Methodology

The project set out to find out information in four career clusters and four professional areas. A steering committee from the two societies identified career clusters as biomedical, phychosocial, socioeconomic, and physical environment. For professional areas they selected clinical phychology, nursing, nutrition, and social work.

To collect information about these categories, the project committee selected a research methodology, known as the "Delphi" method. As used in this study, it involves a large, carefully selected panel of experts representing a variety of disciplines and professions involved in gerontology. Accordingly, the study represented most major social science, behavioral, and biomedical disciplines.

The Delphi technique involves completion by participants of a successive series of open ended but increasingly particularistic mailed questionnaires. Its goal is to force a consensus with respect to categories identified by respondents in the initial round of data collection, through gradual elimination in succeeding rounds. Its primary disadvantage is the time required of participants and attrition of panelists over succeeding rounds of questionnaires. Nevertheless of the 111 people who agreed to participate, 87 were able to complete all versions of the questionnaire instrument. This reflects expert opinion significantly greater and more sophisticated than what is frequently found using other approaches.

The first questionnaire round pursued five topical areas plus descriptive information on the background, skills, and areas of expertise claimed by panels. One topic concerning the question of identification of "essential" literature for new professionals, was dropped after the first round when it was clear consensus could not be achieved within the limitations of the study. Questions relating to identification of a common core of study in aging were pursued to the end of the data collection, reduction, and analysis process.

Core Curricula for Aging

Consensus was reached on the primary topic question, that, yes, there is a common core of information that all people who work in aging should have. There was less agreement on what that core should include. Consensus was reached on one basic skill objective which was, that all personnel in the field of aging should understand aging as a normal experience, and on three curriculum topics: psychology of aging (normal changes), health and aging, and biology of aging. Consensus fell just short for having as a skill objective, respect for elderly and recognition of their potential. Near the threshold of consensus were several specific topics in the social area: demography of aging, sociology of aging, and environment and aging.

The biggest problem in implementing a core curriculum was perceived to be a shortage or lack of trained faculty. The only other significant concerns were issues related to competition for resources and the

ability of educators to gain recognition for aging within other departments in post-secondary institutions.

Identifying specialized core curriculum clusters by general career orientation achieved nearly the same levels of consensus as the discovery of a common core. One of the four clusters, physical environment, was dropped for the lack of panelists who identified themselves with that cluster. Only nurses, among occupations represented had difficulty in identifying themselves with one cluster, hesitating in their selection between biomedical or psychosocial categories. Agreement was reached that a common core of knowledge existed for biomedical and socioeconomic/environmental clusters and fell somewhat short in the psychosocial cluster. The failure to achieve consensus on the question of existence of a single core curriculum did not prohibit panelists from agreeing on nine curricula topics that should be covered by a curriculum if it did exist.

Table IV-2 lists the skills/approaches and topics identified by at least 90% of panelists in the three career cluster areas for a basic curriculum:

Table IV - 2

Foundations of Gerontology:
Core Curricula in Aging

Biomedical Cluster	Psychosocial Cluster	Socioeconomic/ Environmental Cluster
Skills:		
o Understanding aging as normal experience	o Interdisciplinary collaboration	o Understanding aging as a normal experience
o Assessment of health status		o planning, program development
Study Topics:		
o Biology of aging (normal experience)	o cognition, cognitive changes, e.g., intelligence learning, memory	o demography
		o psychology of aging (normal changes)
o Diseases of old age	o health and aging	o public policy for aged
o Health and aging	o psychology of aging (normal changes)	o economics of aging
o Pathology, disease processes	o adaptive mechanisms	o sociology of aging
o Physiology of aging, e.g. organ and system changes	o biology of aging (normal changes)	o health and aging (normal changes)
o Sensory change, e.g. hearing, touch, vision	o demography of aging	o biology of aging (normal changes)
o Adaptive mechanisms	o marital and family relationships	o environment and aging
o Anatomy of aging (morphological changes)	o mental health and aging, e.g. depression	o legislation affecting elderly

TABLE IV - 2 Continued

Biomedical	Psychosocial Cluster	Socioeconomic/ Environmental Cluster
o Behavioral/behavioral changes	o personality development	o attitudes towards aging
o Chronic and/or multiple conditions		
o Health care and services		o marital and family relationships
o Mental health and illness		o social cultural context of aging
o Nutrition and aging		
o Pharmacology of aging		

Left out of the table under the biomedical cluster are six additional topics which met threshold criteria at a lower level: demography of aging, environment and aging, exercise physiology, physical needs, sociology of aging and response to stress of loss. It appears from the above, that biomedical processes and social economic/environmental conditions of the elderly held the greatest identity and recognition for the panelists who participated.

Core topics and skills/approaches were also found for four professional clusters studied: nursing, nutrition, clinical psychology and social work. Responses receiving consensus were considerably more sophisticated, parti-

cularly in the number and specificity of skills and approaches as desired objectives. Comparison in responses by members of the professional cluster with non-members was very consistent, although 100% agreement on any topic or skill was infrequent among non-members of the group as could be expected.

The expected relationship between professional clusters as more specialized versions of career clusters were found only to exist for nurses and the biomedical core. The core for a master level program in nutrition had closest affinity to biomedical. The core for a masters program in social work had correspondence with the social economic/environmental cluster. The doctoral program in clinical psychology had equal relationships to the biomedical and psychological career clusters.

The fourth and final topic area explored was the need for and essential characteristics of field placements as a component of an educational program. Two-thirds of panelists felt it should be a requirement for all personnel planning to enter a career in aging. A larger majority felt field placement should be required for their career cluster. In response to what makes a good experience for a student in a field placement, three-quarters of the panelists identified as characteristics, good supervision, provision for evaluation, direct contact with older adults, and integration of theory with practice, and agreement between the educational and placement institutions on clear objectives for the experience.

Satisfaction was also great in assessing the results for curricula core for the selected professional groups, but recognition was also strong that resistance to changing an already burdened curriculum in professional programs, would be most difficult.

Other information deemed useful by the steering group was the information on field placements. Here it saw general acceptance to this as a requirement in core curricula. Information on model characteristics and techniques for bringing about a successful experience for students was also considered useful. Encouragement was found to continue use of the mehtodology in future studies of the field.

G. Cross-Cutting Study of Training Support in the Office of Human Development Services, 1978-1980

The Senate Committee Report on the 1978 Appropriations Act funding programs in the Departments of Health, Education, and Welfare and Labor requested information on the training and manpower programs in the Office of Human Development Services. It is requested detailed information on training projects funded under Title XX for social services at the State and local level, and more generally, development of a social services manpower plan. A report, Manpower and Training in the Office of Human Development Services Programs was prepared, and submitted in May within the six-month period requested. The report synthesized available information on all OHDS training programs, including AoA, but concluded as its major finding that major problems

existed in the availability and compatibility of information collected by different programs. It then proposed a major study to determine more precisely the kind and level of information OHDS should require from its subsidary agencies including AoA.

1. Study Objectives and Approach

A plan for following-up recommendations contained in the OHDS report to the Senate was prepared and implemented within several months, including a competitive procurement for new data collection and analysis that would provide baseline data for design and development of an on-going OHDS manpower information and planning system. On the basis of this procurement, guidance would be provided for all OHDS agencies to document their training programs and the conduct of cross-cutting OHDS projects. A contract was awarded in August 1978 to the Center for Public Management of Potomac, Maryland, to perform this study.

Four of the five objectives of "A Study of Manpower and Training Issues that Cut Across the Office of HDS Programs, "have relevance to the AoA manpower mandate. These objectives are:

- o to analyze manpower and training issues that cut across HDS programs;
- o to develop options for an HDS manpower and training policy framwork;
- o to develop an HDS manpower and training information system; and
- o to develop options for broadly-based training initiatives.

This study is now in its third year, delayed by problems in development and approval of data collection instruments. Initial tasks have been concluded, including competion of the study design and on-site interviews on training and personnel management practices of HDS-supported public agencies in six States. States were selected for representativeness of the average income level of residents, geographic locale, size of public expenditures, and type of organizational structure used in administering HDS programs.

2. Findings from State Interviews

Data collected from State agencies in New Mexico, Idaho, Utah, Maryland, South Carolina, and New York were analyzed for several purposes, including discovery of issues unique to the categorical programs of HDS agencies.

a. Turnover

Employee turnover was a special concern of the study, and was therefore one of the areas featured in the data analysis. Turnover in the human services field which has been as high as 50% has taken a down turn. Reduction in the turnover rate was thought to be due to the State of the economy and cutbacks in government programs. A partial hiring freeze in one State was seen to be an indicator of future personnel practices affecting State agencies. Applicants for vacancies were found to be high in most job categories, except nutrition, and in rural areas. Turnover was highest in top level jobs for a variety of reasons, and in low level jobs due to budget cuts. Most profes-

ssionals appeared to remain within the State when entering or changing employment in job categories investigated.

b. Short-term Training Characteristics

A comparison of State training programs of AoA, Title XX and Rehabilitation found few differences in the way they were administered. All States administer monies categorically, with only one State exercising oversight through a central unit. Funds for AoA supported training were considerably less than Title XX. However, AoA appeared to be the only program which with few exceptions passed grant monies down to intra-state units. AoA was also the only agency to support a clearinghouse activity for training materials across States. Nevertheless the State programs for training of personnel in the aging network varied considerably from State to State. The new AoA requirements for three-year planning of these programs may reduce some of the variability. However, differences related to size of funding support are likely to remain. New York, for example, received $517,422 in 1979 while two other States sampled received only the $30,000 minimum determined by formula.

c. Aging Network Workforce

Most State and Area Agencies on Aging had small staffs of generalists and consultants. Entry level requirements were minimal with recruitment often occurring from other related areas. Few new positions were being created due to reduced or stable government funding. State

and local government salary levels, as those at the Federal level, had not kept pace with inflation.

d. National Survey

A national survey of service providers supported by Title XX and the Older Americans Act is being conducted as this report is being written. It will produce information on labor market conditions of service workers, workforce characteristics, staff development, and training situations and training needs. Data collected will be analyzed to produce four documents:

- The first report will describe a manpower and training policy framework, including discussion of issues in recruitment, relevancy of career, short, and in-service training, turnover rates, and workforce projections.
- A second report will recommend HDS training initiatives or options to meet problems identified.
- A third report will provide a design paper on an HDS manpower and training information system.
- The final report, due in December, 1980, will present summaries and interpretations of the statistics developed in compiling survey data, including information on estimates of full-time employees, employment characteristics such as salary, educational level and training, turnover and recruitment problems in major job categories.

H. Minority Participation in Gerontological Programs in Post-Secondary Institutions 1980

In FY 1979, AoA contracted with a minority owned research firm, EMAY Corporation, to investigate the need for and potential design of a minority recruitment program. The contract was completed in May 1980.

Part I of the final report was a manpower needs assessment which gathered and analyzed data on the service and manpower needs of Blacks, Hispanics, Asian-Americans, and Native Americans. It was to address the following:

- o age and geographic distribution of the target populations;
- o types of service needs for each ethnic elderly group;
- o service provision programs and service delivery systems;
- o manpower shortage areas in aging-related professions and programs; and
- o training and educational mechanisms which can relieve shortages and responds to service needs.

The conclusions reached by EMAY Corporation were based on consultation with representatives of various organizations representing minority elderly and with academic researchers in aging with minority backgrounds, an extensive literature search, and a small non-random survey of established post-secondary educational institutions with gerontology programs.

Because of the small number of respondents and the bias resulting from selective sampling of established institutions, including eight that have predominantly Black student enrollments, the data reported in Table IV-3 do not provide a representative profile of the current status of minorities among students in aging.

Table IV-3

Minority Enrollment in Selected Gerontology Institutions*

Institutions (n=24)	1977	1978	1979
Total	431	692	857
Minority	230	481	533
% Minority	53%	71%	62%
Non-Minority Institutions (n=16)			
Total	254	484	648
Minority	62	212	289
% Minority	24%	48%	45%

Data from Contract No. HEW-105-79-3006, Minority Recruitment Program: Planning Phase, EMAY Corporation, 1980.

While the contractors found extensive justification of the need for minority personnel to meet the sepcial needs of minority elderly, they were frustrated in there efforts to find data that could describe, quantitatively, the needs

of the elderly for service or the numbers and qualifications of minority personnel who were already working in aging. Using primarily census and health professional data that were non-aging specific and using judgement solicited from experts, EMAY Corporaton ranked minority personnel shortages by occupational categories. In order of need, the six highest categories were researchers, administrators, social workers, physicians, teachers, and planners.

The contractor's search of Federal training programs found little data on the number of minority students who were training or planning for careers in aging. On the assumption that impact of training program intervention would be greatest in geographic areas with high concentrations of minority population and in institutions with established programs of gerontology, it selected 68 members of the Association for Gerontology in Higher Education to target a mail questionnaire related to characteristics of minority students in their programs. A total of 31 institutions or 45% returned the questionnaire after eight attempts to collect data. Only twenty-four of the respondents provided sufficient information to determine enrollment.

The data do not show the differences in distribution of students by minority status. However, the highest number of non-Black minority students were found in 1979. In that year 90% of all minority students were Black, 4% were Hispanic and Native American, and only 2% were Asian-American.

The percentages for minority students contrast with data from the recent evaluation of the AoA Gerontology Career Preparation Program described above. The study reported that the percentage of minorities among both current and former students was abot 13% in a stratified sample of 55 institutions receiving funding support in FY 1979. The distribution among minority groups, however, was similar to the EMAY analysis, with very small, and statistically insignificant numbers of minorities who were Hispanic Asian, or Native American.

CHAPTER V

ISSUES

The conclusions and recommendations of studies summarized in Chapter IV suggest that there are numerous underlying and persistent issues involved in government manpower development activities for health and human services. Section A of this chapter identifies issues particularly relevant to manpower for the field of aging. Section B considers matters pertinent to special provisions the national manpower policy mandate contained in the 1978 Amendments.

A. Aging Relevant Issues

A balanced approach to an analysis of manpower development and training issues must consider activities of both supply and demand. Although there is no neat, consistent hierarchical framework for labeling issues by categories or saliency for developing public policy, the following areas of concern account for the more significant issues that have emerged in formal studies.

1. Defining Aging for Policy Analysis

Section 401(a) calls for development of a single, unified, national policy for guiding future Federal actions affecting support for training and employment of personnel in the field of aging. Whatever the practical possibilities for attaining such a policy, the complex aspects of the knowledge and phenomena associated with aging - a heterogeneous population

with rapidly changing needs and resources and diverse public and private sector activities that affect older persons - make the conceptual problems of developing a manpower policy in aging extremely difficult to handle.

With the exception of programs authorized under the Older Americans Act and various titles of the Social Security Act, few Federal programs respond exclusively to the needs of the elderly. Correspondingly, few agencies, service provider organizations, and individual practitioners at the State and local levels serve only the elderly. Perhaps for this reason, it is difficult for many individuals the government might identify as working in the field of aging, to self-identify themselves in this capacity.

The ability to identify and enumerate the numbers of individuals who work in occupations and organizations serving the elderly is fundamental to any consideration of supply and demand of personnel. The Bureau of Labor Statistics addressed this question in its studies for the Administration on Aging. It found, after an exhaustive search and analysis of data sources, relatively little of immediate use in studying the needs for manpower to serve the elderly. In its study of the feasibility of developing a manpower data system, it recommended, as a prerequisite, a definition of the field of aging which identifies the constituent organizations, services, and occupations.

Establishing a definitional boundary for aging has, according to BLS at least two components. The first is to establish limits on the scope of employment settings for which an aging perspective is applicable. The second is to identify occupations within settings identified and labeled as aging related.

a. Employment Settings

In an ideal state, three options for limiting employment settings have been suggested in the BLS studies. The most conservative approach is to limit identification of aging to activities performed by agencies and organizations that exclusively, or overwhelmingly, serve the elderly. Embraced by this option are the AoA-supported State and Area Agencies on Aging, nutrition sites, senior centers, adult day health centers, and other facilities primarily serving the elderly, including congregate housing and retirement and nursing homes.

A less conservative option is to expand the scope of employment settings to include health, social, and environmental services that visibly serve the elderly as part of a larger population. From a public policy perspective, this would include hospitals, rehabilitation centers, mental health clinics, private professional practice, urban and mass transit facilities, recreation facilities, educational institutions, libraries, public and private employment agencies, and perhaps others.

The most liberal option would be to include any and all activities which impact the lives of the elderly. Only employment settings where no elderly are served would be eliminated by this definition. The utility of a manpower policy with a scope of this magnitude for establishing meaningful legislative and administrative initiatives and programs is clearly limited.

b. Occupational Categories

The second definitional dimension, is to identify and target occupational roles within the employment area selected. Again a number of options are available. The most conservative and limiting option is to select only those occupations which require training as requisite to provision of services, and which interact with the elderly or address their concerns. The advantage of this approach is ease in identity. The disadvantage is that it excludes those non-professionals and professionals who serve older people in some way but lack the credentials, i.e. certification, accreditation, licensure of formal training.

A less conservative option is to include all workers who require special skills for provision of services to the elderly, regardless of their formal education and training or status as an occupational group or profession. Locating this diverse set of personnel would be difficult. Many individuals who would qualify under this definition do not work for organizations or in a position identified with the older population. Moreover, most sources of data define occupations through the use of the Standard Occupational Classification used by BLS and the Census Bureau. With notable exceptions, most jobs with roles in aging are not compatible with this system of identification.

The least conservative option, is to include all jobs within the organizational sector selected as the appropriate employment setting for aging. This would include support personnel ordinarily transferable to any field, e.g., secretaries and clerical workers,

security guards, etc. The advantage of this definition is to be able to address issues affecting attitude formation by the general public toward the elderly, e.g. to offer orientation to all workers on aging myths and realities which may favorably influence their behavior in interactions with the elderly. The disadvantages are similar to expansion of the definition by employment settings, namely that to be all inclusive limits a policy's efficacy and utility.

2. Forecasting Personnel Needs

The brief discussion of definitional concerns has already identified a basis problem in integrating aging as a manpower system into the general Federal framework accounting for employment and training. The extent of the problem is illustrated by the current status of aging as a content area in the curricula of formal education. Until 1980, gerontology was not recognized by the National Center for Educational Statistics as a discipline, multi-discipline, or field of study in its basic surveys of student enrollment, course offerings or degrees awarded by post-seconday educational institutions. The center now changing its taxonomy of future data collection, but it si not at all clear that gerontology will receive recognition. As a result, there is no complete or periodic census of educational institutionals that offer courses or degrees in gerontology. Understanding of the numbers of institutions, types of courses and credentials affected, number of students, and placements of graduates is largely based on crude estimates derived from studying the impact of individual Federal programs.

While there are fundamental problems in locating or developing data of uniform or acceptable quality for all occupations and employment settings

which might reasonably constitute the aging field, such problems are considerably reduced if focus on aging narrows and the range of occupations is restricted to those numerically the most significant.

The recent report by the RAND Corporation, Geriatrics in the United States: Manpower Projections and Training Considerations, is illustrative of the wide variation in the state of the art for forecasting manpower needs. Its methodological contribution is projections on alternative models of manpower utilization in provision of services.

Expanding this methodology to other fields encounters some fundamental problems. One is having a research knowledge base on which to build alternative models of service utilization. Another is the general absence of systematic data on utilization of existing patterns of service delivery. The RAND study examines and relies heavily on survey data that enumerate the number of medical schools; the number of licensed physicians, nurses, and other health professions; the specialities of physicians; the patterns and characteristics of visits to hospitals, clinics, and doctors offices by various age groups including categories for the elderly; and statistics on nursing homes and similar facilities. Contributing to this study are statistics on the general health status and demographic projections of general characteristics of the elderly.

It is difficult to estimate the cost of repeating the RAND study on geriatrics for other fields related to aging. A portion of its cost was spent in breaking new methodological ground. On the other hand, it would not have occurred without the existence and availability of

many sophisticated and costly data bases suitable to its needs. Although some of the data bases used are applicable to other health areas, most have no counterparts in other areas of human service.

Also to be considered are variances in the mission scopes of agencies with aging manpower activity. For example NIA has a narrow focus on research and research manpower. AoA has a broad focus on advocacy and service and the manpower to support these activities. In short the ability of AoA to project needs in those areas served by its programs is considerably less than that of the National Institute on Aging to project manpower needs for its programs because of its primary focus on research and research manpower.

3. Knowledge Base for Aging

At the foundation of all manpower systems involving skilled and professional labor is the assumption that there exists a relatively stable body of knowledge whose application, together with skills learned from experience, results in higher levels of productivity and performance. In most professions and occupations, the foundations of knowledge are taken for granted. Maturity can be measured by the degree to which a field has developed its own organizations, publications, and education and training activities. Most professions, e.g. law, medicine, business management, public administration, education, claim for themselves a unique blend of basic theory and practice.

Recognition as a discipline or as a profession seldom occurs overnight, and may not occur at all. There is ample evidence that aging has not

fully achieved the goal of maturity as a recognized discipline or profession envisioned by its early pioneers. The issues most germane with respect to public policy in this area are related to differences in perceptions regarding the maturity of gerontology as a core foundation for trained manpower working with the elderly.

Less then ten years ago, academic discussion was focused on the issue of whether or not gerontology would continue to take its core knowledge from a number of disciplines, e.g., biology, sociology, psychology, economics, or would integrate various aspects of contributing disciplines into one or more interdisciplinary fields. The recently concluded AoA sponsored study on the foundations of gerontology conducted by the Gerontological Society and the Association for Gerontology in Higher Education, concluded that consensus on a common core of knowledge for the purposes of developing a model educational program was not yet possible. The debate on the status of gerontology as a discipline or multidiscipline continues.

An issue relating to the knowledge base is the status of gerontology as a profession. Public policy as expressed in AoA programs has never taken a position in this area. Professional groups have certain common characteristics. Gerontology meets a number of these, such as a body of literature, membership associations, educational programs, and offering of degrees by colleges and universities. It lacks, however, exclusiveness in membership of its groups, accreditation of its educational programs, licensure of its professionals, and exclusive recognition of its credentials.

The weak credentials of aging/gerontology as a profession and discipline have repercussions not only in the market place of employer-employee exchange, but also in the ability of the government to judge the contributions of education and training to improvement of services to the elderly.

4. Development of Education and Training Programs

Making an extensive investment in developing pre-service career and in-service education and training programs presupposes the existence of at least two conditions which are not satisfactorily met at the present time. One is the requirement that there be one identifiable gerontological knowledge base; the other that there be reasonably valid and reliable data with regard to the type and number of personnel needed for the field.

The present ambiguity in gerontology's knowledge base places some limitations on the development of clearly defined and targeted educational and training programs. A more serious problem exists in the paucity of reliable estimates of need for some categories of workers at various levels of skill and in various locations and organizational settings.

a. Implementing Program Priorities

Recommendations made by representatives from the field and recommendations by researchers and evaluators have influenced AoA development of education and training programs to a greater extent today than in previous years. Issue papers on program development have been prepared by AoA

and circulated prior to program implementation. Peer review has replaced staff evaluation of proposals. The policy setting arena has, however, been increasingly limited by directions set in reauthorization language every three years. Resources for training in aging have not been adequate to both sustain ongoing career training and continuing education/in-service training programs, and initiate new programs in response to new priorities.

Investment decisions in education programs under ideal conditions should be guided by assessment of previous results. The evaluation of the IV-A Gerontology Career Preparation Program provided useful data several years after funding. Since the variable of greatest interest in such activity is the employability of students who complete their program, the lead time for evaluations is a minimum of five years from project funding. Program changes within service-oriented agencies not infrequently interfere with long-term evaluation.

The most recent set (FY 1979) of program guidelines for AoA career education programs reflected perceptions of Congressional intent as manifested by the 1978 Amendments to the Older Americans Act. The most pertinent of these perceptions were that training efforts should be supported by AoA if they:

- maximize content and skills for occupations serving the goals and objectives of programs supported by the Older Americans Act;

- o develop new curricula and programs that transmit knowledge and develop skills integrating health and social services for the vulnerable elderly and those in need;
- o emphasize recruitment and training of minorities for careers in aging;
- o reduce shortages of trained personnel in rural areas.

b. Impact of Budget Allocations in Career Education for Aging

The targets and priorities established for current career training activities were established when funding projections were optimistic. Cuts in the Federal budget have hit discretionary programs very hard, forcing agencies, like AoA, to cut back on its education and training support. Certain issues relative to allocations of support that could be postponed now demand resolution. Under these circumstances it is likely that:

1) With recession there will be a reduction in turnover of employees in agencies and organizations serving the elderly which will reduce the number of openings available for new graduates.

2) The trend towards employees upgrading their skills through educational programs will continue. Since as few as 20% of all personnel employed by agencies serving the elderly have had education in aging, demand for certificate programs geared to the working student should increase as long as tuition assistance is available.

3) Federal priorities for new occupations that integrate social and health services and for building aging content into curricula of established professions, combined with an overall decline in support for career education due to budget reductions, may well reduce the number of programs offering graduate degrees in gerontology outside professional schools of social work and the health professions.

c. Unresolved Issues in Career Pre-Service Training

These possible trends, in turn, precipitate a number of issues for AoA's support of pre-service or career education programs:

1. Should support for student stipends, once offered as an incentive to students to take courses in gerontology, be continued?

2. Without standards of quality established by the field, should the government develop its own standards for career educational programs?

The generic issue which underlies all of the above concerns is who within the Federal Government, if anyone, should be concerned with making a general investment in education programs in gerontology. Until recently, AoA directed the major share of its career education budget toward faculty, organizational, and curriculum development that would expand a broad, multidisciplinary interest and commitment in gerontology. Now, AoA, as other agencies, is primarily concerned with meeting the occupational and vocational needs of its service programs.

d. Issues in In-Service Training

Current program strategies for continuing education and training in the Administration on Aging are responsive to needs expressed by the field and changes in delivery of services mandated by legislation. The priorities, trends, and issues affecting in-service training and retraining vary considerably from those in career education.

Priorities and targets established by Federal agencies concerned with aging are greatly determined by their basic agency missions.

AoA's education and training priorities reflect directions established for service programs and systems administered by State, area, and community service providers. In 1977 training support was tied, in part, to personnel in such areas as in-home services, legal counseling, residential repair, and transportation. As a result of the 1978 amendments, new training priorities have been added for personnel skilled in rural services, energy conservation, case management, and especially long-term care services to the functionally impaired, vulnerable elderly.

Issues in in-service training are:

- o Structural e.g. what is the most appropriate role of education institutions, consultant firms, national organizations and government agencies, and how are these roles negotiated?
- o Investment Strategies: to what extent should Federal support be allotted for direct training (e.g. State training grants), development (e.g. training packages), evaluation (e.g., discovery of best practice), or planning and coordination (e.g. development of regional capacities)?
- o Purpose: should training be reserved for acquiring and refining skills or should there be substantial support of developing basic knowledge?
- o Tactical Balance: what proportion of funds should be allocated for conferences, institutes, meetings, seminars and technical assistance, as opposed to provision of continuing education through formal course work at educational institutions?

e. Success of Programs

The measurement of skill attainment and its relationship to improvement of practice are matters for investigation, the results of which could affect future budget allocations for training and in-service education. The issue of career education versus in-service education has real relevance only for professionals, planners, and managers, not for those who directly serve older persons. For the vast number of service workers, formal specialized education in aging is seldom a pre-requisite for entrance into the field.

Planning, development and evaluation of both pre- or in-service education and training programs share a common need for information on changing demand for skills and services. Every AoA-commissioned manpower study to date, including, and most particularly, those performed for it by the Bureau of Labor Statistics, BLS has acknowledged the serious lack of reliable data with which to formulate education programs.

The solution to the need for information upon which to base development of training and education programs is not readily apparent. The conclusion of a feasibility study by BLS on the creation of a manpower information system was that it would cost several million dollars and take a number of years to implement. Recognizing the unsatisfactory nature of this conclusion, BLS has advocated that AoA undertake

qualitative studies of the most important issues affecting manpower in the field of aging, an approach which is discussed along with other proposed future action in the last chapter of this report.

5. Employment Settings and Circumstances

Although the demand for trained personnel in aging is highly responsive to Federal funding, the qualifications required and the conditions under which individuals are employed in organizations serving the elderly vary considerably by region, State, and locality. According to the Bureau of Labor Statistics, a significant problem is the imbalance in the geographic distribution of qualified manpower. Rural settings characteristically offer fewer oportunities for career advancement and lower salaries and benefits. BLS suggested that people tend to remain in the area that they attended college. This has been confirmed in the recent Ketron Study of the Career Preparation Program. The establishment of quality career education programs in areas where there are shortages of trained personnel, however, is not easily accomplished. If salaries are low for graduates of career programs in rural areas, where shortages are most acute they are also low for the faculty which must be recruited from established urban centers where salaries are uniformly higher.

The long standing problem of employment in organizations serving the elderly, under normal economic conditions, is turnover. Contributing factors to turnover vary by occupational level and marketability of skills in areas other than aging. According to the Ketron Study, low salaries were not perceived to be a significant deterent to graduates of career preparation programs who were unsuccessful or did not actively seek employment in aging.

On the other hand, analyses conducted by BLS of lower skilled occupations, such as homemaker-home health aides, indicate low salaries and benefits are significant contributors to turnover.

It is probably not feasible to reduce turnover rates significantly by increasing salaries and wages in many service areas. Raising productivity through training has been suggested as a partial solution. The reward for training, however, is generally to increase salaries or provide career advancement. Increased productivity can also be attained through restructuring service delivery or increasing the use of technology.

Experiments are now underway in developing alternatives to long-term care which may reduce the labor intensity of traditional institutionalized care. The demand for increased services by the elderly as a function of their growing numbers and increased advocacy for benefits will probably offset these savings if support for services level off as projected.

A variety of recommendations have been made to reduce turnover and the need for in-service training of replacements. Systematic experimentation has not been attempted, largely because they are formidable barriers.

which limit recruitment, hiring, promotion, and termination of employees. In public agencies many employees are subject to civil service regulations where qualifications are not specific to aging. Since neither established professional groups nor the field of gerontology have established standards for education programs with aging content, employers have difficulty in developing salary and wage guidelines matched with specialized expertise in aging.

Improvements in structuring jobs, reducing turnover, improving productivity and quality of services provided to older people are laudable goals. Unfortunately baseline data do not exist for determining what directions aging manpower has taken or will take toward accomplishing these objectives. Statistics collected by the Bureau of Labor Statistics on occupations and industries are adaptable to aging only in limited employment settings. At best, without substantial investment in development of periodic surveys of employment settings, there is only impressionistic, individual experience to establish and implement education and training priorities.

6. Supply and Demand: The Market Place for Employment

Interchange between supply and demand for most manpower positions serving the elderly takes place in local settings as job openings occur. Most organizations employing personnel are small; therefore their staff openings are usually infrequent. Recruitment only becomes a major problem for specialized positions. Most agencies have told

evaluators and analysts investigating employment practices that job applicants are not difficult to find. The ability to find qualified applicants varies by locale as previously suggested.

The primary marketplace issue has been stated as a lack of information about job vacancies. Neither employers nor those seeking employment are well aware of each others needs and capabilities. The smallness of most agencies and organizations limits their ability to and interest in conducting widespread recruitment efforts. Studies indicate that unless they provide highly specialized service or perform activity on a regional or national basis, they are better off recruiting within their State. Most professional and national organizations conduct job exchange information through newsletters and annual meetings. First-time graduates of career educational programs need more assistance in job placement than more experienced personnel, although the Ketron evaluation study indicated that successful job applicants seldom relied on placement services to find jobs. A recent study reviewed by the Bureau of Labor Statistics indicated that finding a job in aging is less of a problem for new graduates than other social fields.

Career education in gerontology does not automatically equate with credentials or skills sought by employers in the field of aging. At least until now, a degree in gerontology is not a strong marketable asset. This finding of the Ketron Study should not be surprising, since few jobs are classified by organizations and agencies as being

limited to gerontologists. This problem is shared in other related fields. A BLS study of social workers found social workers with masters degrees had difficulty in obtaining some civil service jobs. Barriers to civil service jobs have often been identified as a major obstacle to graduates with masters degrees in gerontology.

7. Government Intervention in Balancing Supply and Demand of Trained Personnel

Whether the Federal Government should intervene in balancing supply and demand for personnel in aging is not an issue. A major proportion of the Federal budget is allocated to older Americans. The regulations followed in the administration of income transfer programs providing direct benefits to individuals age 62 and older have as much, if not more, impact on manpower supply and demand as the planning, administration, and delivery of social services supported by a network of Federal, State, and local agencies and organizations.

The question of how much intervention, when, and in what manner are issues that are debated continually in individual aging programs. The pattern of program activities directly related to manpower supply indicated by the data collected from Federal agencies by the Inter-Departmental Working Group described in the previous Section is to segregate programs impacting supply from those impacting demand. Responsibility for monitoring the integration of policies impacting manpower is seldom accepted to be the responsibility of program agencies, with the exception of the Public Health Service.

The appropriateness of roles for separate Federal agencies in manpower policy development without regard to a specific field has been a task assigned to the National Commission for Manpower Policy since 1975. The issues that have been addressed, e.g. reduction of unemployment, problems of low income groups, the impact of demographic changes, the changing role and status of women, the role of the private sector, and manpower program coordination, are all macroeconomic concerns impacting manpower policies in aging.

Disaggregation of manpower problems addressed by the National Commission by industry and occupational groups has traditionally been the concern of the Department of Labor. A problem arises when concern is expressed in social problem areas, like aging, that are cross-cutting.

The appropriateness of roles by Federal agencies in a manpower policy for aging are currently fixed by legislation enacted by Congress. Flexibility for change and experiment with different forms of Federal policy affecting manpower is limited. More radical experimentation, such as education and training vouchers for in-service personnel, job restructuring in nursing homes, competency testing and licensure, require cooperation and participation by more than one agency. How are these efforts, if advisable, to be initiated and coordinated?

The last part of this section proposes possible future steps toward developing a manpower policy, without minimizing

the problems inherent in responding to the mandate. No firm indicators exist to show how any new education or training activity will impact the existing pool of manpower qualitatively as well as quantitatively; however, new programs that benefit the elderly directly through support of service providers will alter existing patterns of manpower demand and utilization.

The cost and energy required to develop and maintain a representative and useful model of manpower in aging, as suggested by the Bureau of Labor Statistics, is at present disproportionate to the resources and primary missions of those agencies most closely related to provision of services to the elderly. The feasibility of augmenting other manpower models with sub-systems for aging, such as health manpower, has a major obstacle in obtaining access to issues crossing occupational groups and industry settings which characterize employment in the field of aging.

The issues and concerns expressed in this chapter are generic. They will continue to be debated whatever policy is developed. Issues addressed in the next chapter have a shorter time orientation for solution. Most are directly related to accomplishment of objectives established by the mandate. There is considerable overlap between short and longer term issues. A resolution of issues associated with

development, implementation, and assessment of a national manpower policy will bring about signficant progress in meeting the longer term issues that have already been described.

B. Specific Issues Addressed in the Mandate

Section A, above, describes a relatively wide range of issues associated with improvement of conditions affecting both the quantity and quality of personnel in aging from both the Federal and national perspectives. The 1978 amendments identify specific personnel areas for priority attention in the development of a manpower policy. These are identified in the following paragraphs:

1. Long Term Care Personnel

Section 402(a) of the Older Americans Act states in part, as already cited, that the Commissioner shall:

> "assess the Nation's existing and future personnel needs in the field of aging, including as part of such assessment, the needs for personnel in both institutional and non-institutional long-term care settings, and evaluate all programs including institutional and non-institutional long-term care programs, serving the elderly at all levels of government recognizing the continual growth of the elderly population."

Since enactment of the 1978 amendments and the establishment of the above mandate, AoA and other agencies of the Department of Health and Human Services have allocated a significant proportion of their discretionary funds to the goal of restructuring long-term care and services. AoA,

for example, now devotes nearly half of its entire discretionary budget on research, demonstration, and training exclusively on long-term care, including major efforts in co-sponsoring with the Health Care Financing Administration and Health Services Administration, and the Assistant Secretary for Planning and Evaluation. In December 1979, AoA created a new Long-Term Care Division to consolidate management responsibility for this mission.

A featured topic of the departmental efforts in long-term care is the question of manpower. A working group on nursing home manpower was established in May, 1980 as part of the Under Secretary's Task Force on Long-Term Care. It plans to provide a report on health personnel issues in the context of long-term care in nusring homes.
1980. It is chaired by a staff person in the Health Resources Administration who is also its designated representative on AoA's Inter-departmental Working Group for establishing a manpower policy in the field of aging.

AoA's own long-term care manpower efforts are centered in development and support of the Long-Term Care Genertology Centers. A major purpose of this program is to enhance the education and training of medical and social service professionals and paraprofessionals regarding long-term care needs of the elderly. Together with other researchers and educators associated with them, these centers are considering how different modes of care, treatment, and services affect the ability of educational institutions to meet present and future long-term care manpower needs.

The demand for manpower working in long-term care settings of the home, community, and institution will vary greatly in number and type if shifts are made away from the current focus on acute medical care and institutional modes of long-term care. Changes in the reimbursement mechanisms of major Federal health insurance and medical care assistance programs can drastically alter the current patterns of demand. The service provision and cost demonstration projects now in process will provide better information on the incentives for changing utilization patterns of current personnel engaged in long-term care services. Proposals have already been placed before Congress to expand the target population of functionally dependent adults, the range of services provided, and the settings of service provision as allowable costs of health insurance and income supplement programs.

Leadership and responsibility for reporting the status of manpower utilization in long-term care has been given, routinely, within the Department of Health and Human Services to the Bureau of Health Manpower and Health Statistics. AoA intends to work with these agencies through the Under Secretary's Task Force on Long-Term Care and its own Inter-departmental Working Group on manpower policy in the field of aging. The task force and such policy forums as the Symposium on Long-Term Care Policy held in June 1980 have given serious attention to ways of altering the future allocation of manpower resources in the long-term care field.

2. Aging Network Services

Section 401(a) of the Older Americans Act states in part:

> "The national manpower policy established under this part shall require that training programs shall give priority to training personnel responsible for carrying out projects relating to multipurpose senior centers under Part B of Title III (Social Services) and for carrying out programs under Part C of Title III (Nutrition Services)."

The Administration on Aging has, in its own education and training programs, emphasized activities which are supportive of the needs of the aging network and the service providers. The major discretionary programs that serve this objective are described in Chapter III. As described therein, the redirection of AoA's education and training efforts was in response to the new program priorities set forth in the 1978 Amendments.

Initial assessment of the needs of service providers supported under the Older Americans Act will take place in early FY 1981 through the auspices of the Regional Education and Training Program and involve AoA Regional Offices, State and Area Agencies on Aging, and educational institutions. Service providers will meet with these organizations thereby bringing aging practitioners and educators together to exchange information and discuss pressing issues. AoA Regional Offices, with the assistance of a contractor in each region, will inventory resources available for training, placement, and recruitment of new and in-service personnel for Older Americans Act programs.

The new State planning guidelines for education and training, described in Chapter III, try to be responsive to future training needs of senior centers and other service providers by requiring their participation

and review in development of the three-year Area Agency on Aging plans which form the foundation of State applications for training support from AoA. Three-year State plans were submitted during the summer of 1980. Although they do not contain the results of the need assessment scheduled for completion by 1981, described above, they must anticipate adjustments in light of this future effort. Many States have already begun to conduct needs assessments of service provider agencies on their own initiative.

The ability of AoA to report detailed assessment of the needs of senior centers and other Title III supported agencies has in the past been hampered by its ability to collect program data about service provision. To some extent this inability has been linked to the state of information systems development in the aging network. AoA has no authority to collect information directly from service providers other than that granted by the Office of Management and Budget for specific purposes usually associated with individual research projects or special evaluations. An evaluation study of senior centers is currently being conducted which may obtain useful data on staffing and manpower issues. Resources are inadequate, however, for this project to conduct a complete census of existing senior centers.

3. Minority Personnel

Section 404(a) authorizes the Commissioner on Aging to make awards to institutions for assistance in training persons who are employed or

preparing for employment in the field of aging. The 1978 Amendments inserted language that stated all awards were to be made "in accordance with the requirements set forth in the manpower policy." Although this provision applies to all nine sub-sections under it, a special case for application within the context of the mandate described under Sections 401 and 402, can be made for the sub-section which states awards may be made:

> "(b) to assess future national personnel needs, including the need for training of advocates with respect to the elderly, with special emphasis on the needs of the elderly minority group individuals, and the need for the training of minority group individuals to meet such needs."

AoA has responded to provisions of the 1978 Amendments by including in all its education and training program guidelines, special emphasis on activities associated with recruitment, training, and placement of minority status students. The Minority Research Associate Program is an effort to recruit and train minority social scientists for work in the field of gerontology, particularly for research on the minority aging populations. The Minority Recruitment Program has completed its original planning phase and is now in the final stages of design. It will support activities that provide incentives to qualified minorities to complete their initial professional training in aging within formal education and training programs.

It appears clear to AoA that assessment of the impact of Federal programs on increasing the supply of minority personnel in aging requires

sensitivity and awareness in developing approaches for monitoring the overall supply and demand of aging personnel. Some of this sensitivity is to be expressed in the selection of sensitive advisors to ongoing and proposed manpower studies. Another may be the selection of organizational performers and investigators whose minority identity gives maximum assurance that the circumstances of minority populations and the need for minority personnel to serve them will be recognized.

CHAPTER VI

CONTINUING DEVELOPMENT OF A NATIONAL MANPOWER POLICY FOR THE FIELD OF AGING: ISSUES, ACTIVITIES AND FUTURE PLANS

Section 402(b) of the Older Americans Act as amended in 1978, requires, as noted in Chapter I, that the Commissioner on Aging is to report biennially to Congress on assessment of the impact of a national manpower policy on aging. In this initial report, the Administration on Aging is providing information on the history, programs, prior studies, and current issues that provide background and context for judging the current status of Federal policy with respect to the education, training and employment of personnel in the field of aging.

For reasons stated, systematic assessment of current Federal programs and activities affecting supply and demand for personnel has not been feasible. This AoA review of existing manpower studies and oversight activities, responsive to the requirements of this mandate, has identified issues of substance and issues related to coordination and implementation of programs whose resolution requires participation of policy officials beyond individual agencies and departments. Issues and concerns addressed in this

report require clarification through through further research and analysis. AoA proposes in this chapter new activities to gather information important to the formation of an aging manpower policy.

A. Immediate Manpower Policy Concerns

Analysis of the issues described in the previous chapter suggests there are several questions which can be addressed without waiting for the results of studies.

1. Scope of the Manpower Mandate

Development and implementation of a comprehensive manpower policy for the entire field of aging represents a formidable and continuing responsibility for which probably no single agency is fully equipped. As reported in Chapter III, well over a score of Federal departments and agencies have statutory directives that involve them in creating, studying, utilizing, and/or supporting preparation of manpower for the field. Chapter III also describes the action of the Commissioner on Aging in establishing an Inter-Departmental Working Group on Development and Implementation of a Manpower Policy for the Field on Aging in order to obtain information, points of view, and other appropriate assistance in carrying out the 1978 mandate with respect to the wide-ranging subject-matter and organizational involvement to be covered.

Another formidable obstacle to formulation of an aging manpower policy is, as explained in earlier chapters of this report, the lack of knowledge about key elements on both supply and demand sides of a still very loosely defined work force.

It was stated in describing the Bureau of Labor Statistics attempt to design a manpower information system in aging, that monitoring employment and training trends could be accomplished through two different approaches. The approach apparently favored by the current mandate is through periodic, comprehensive, data collection, analysis, and reporting of manpower policy development and implementation. The other approach is to identify particular manpower issues and to use them as points of reference for expanding investigation, analysis, and resolution. The current mandate also points toward following this latter approach by its identification of long-term care and Title III services of the Older Americans Act as priorities.

It is AoA's opinion that consideration should be given to delimitation of the mandate to one direction or the other. If issues are to be the focus, some mechanism for systematically identifying them and setting priorities would be useful. If monitoring with ready access to reliable and useful data is desired, then wider use of aging

related variables will have to be made by Federal data systems in reporting on service provision, manpower utilization, and Federal manpower development program activity.

2. Role of OHDS and HHS in Carrying Out the Mandate

A significant factor in AoA's performance of the mandate to establish a National Manpower Policy for the Field of Aging, is the appropriateness of OHDS and HHS involvement. Two events have occurred subsequent to the 1978 Amendments of the Older Americans Act which are pertinent to this issue.

One is the recent reorganization of OHDS and establishment of review and planning procedures for all OHDS education and training programs. The other is the activity which has occurred as an outgrowth of the 1978 OHDS report to the Senate Appropriations Committee on manpower development and training programs. To date this activity has largely consisted of funding the on-going study of OHDS training programs described in Chapter IV. However, by its completion, plans will exist for implementing an OHDS manpower information system and an agenda for policy studies in manpower will be proposed.

The implications of the above events on continued development of a national manpower policy in aging are not entirely obvious. Manpower

in aging and manpower for social services overlap, but are not synonomous conceptually or as missions of Federal agencies and programs.

Activities which overlap the OHDS planned comprehensive strategy for manpower development and training and the national manpower policy in aging are confined to Older Americans Act Title IV-A training programs and Social Security Act, Title XX training activity. Efficiency would seem to dictate that activities conducted to the OHDS and the AoA manpower study directives be coordinated.

3. Roles of Other Federal Agencies in Manpower Development

Overlapping the above concern is the need for clarification of appropriate roles among Federal agencies in assuring an appropriate supply of manpower. The inventory of Federal activity for manpower in the field of aging clearly indicates major training support is scattered throughout the Department of Health and Human Services and other Federal agencies. With the exception of AoA, programs with major discretionary funding are generally confined to a limited set of occupations or interest in a specific employment sector and setting.

a. Serving the General Population

The authority for training and education in aging was broad and pervasive when formal educational programs in gerontology were

comparatively few in number. When the training needs of service practitioners and the planners and administrators of the aging network were more limited by size and responsibilities, AoA had resources to address perceived gaps. One gap, not initially perceived but which was becoming recognized was that of building knowledge of aging and of the newly identified stages of the later life cycle into the educational experience of the general public. Accordingly, efforts were made to foster the infusion of basic knowledge of aging into curricula at primary, secondary, and collegiate curricula and in adult education programs. It is suggested that the mission of the new Department of Education be extended to serve this objective. The department has the necessary authorizations.

b. Student Aid

An issue of immediate concern is: should AoA be relieved of all or part of its responsibility for providing financial assistance to students at graduate levels. Ever since the training grant program was launched under the Older Americans Act of 1965, AoA has devoted a large share of its training funds to this purpose. AoA's policy and practice have been reinforced by an initial report of the Evaluation of its Gerontology Career Preparation Program described in Chapter IV. The report, it will be recalled, confirms the effectiveness of stipends and tuition waivers in recruitment of students who subsequently become employed in the aging field.

Two important considerations give significance to the student aid issue. One is that the expansion and diversification of AoA's Title IV-A and Title IV-E training activities have greatly increased the competition for support funds. The situation is exacerbated by current and projected training appropriations. The second consideration is that the Department of Education has financial capability for providing student loans and grants to large numbers of students in technical, collegiate, and graduate institutions.

In the light of these circumstances, AoA suggests that the Department of Education devote increasing amounts of its resources to providing financial aid for students preparing for work in the field of aging. AoA would then be enabled to focus more restrictedly than it has been able to do on providing career preparation support in specialty and geographic shortage areas.

c. Educational Statistics

A major handicap in ascertaining the supply of new graduates of educational programs with backgrounds and training in aging is the absence of such statistics in the many compilations prepared by the National Center for Educational Statistics (NECS), now a component of the Department of Education. As noted earlier, its surveys of collegiate and non-collegiate enrollment, course offerings, and degrees awarded do not include information on gerontology.

Compilation and publication of such information would constitute a significant contribution to AoA's effort to develop and implement a national policy for aging.

A precedent for cooperative effort among agencies with statistical programs was recently concluded under the leadership of the National Clearinghouse on Aging with publication of the Inventory of Federal Statistical Programs Relating to Older Persons (GPO, 1979). The National Center for Educational Statistics participated in this survey which was concluded by the National Clearinghouse on Aging mandate under Section 204(a) (1) of the Older Americans Act, that states in part that the Clearinghouse is required to "collect, analyze, prepare and disseminate information related to the needs and interest of older persons."

The scope and intent of the above authority in conducting the survey of statistical programs is limited to older persons as participants in educational programs. AoA will attempt to use its working relationship with the Department of Education to include in its data collection efforts programs in geronotology about older persons as well as for them.

d. Perceptions and Attitudes of Public Employees

There is concern among professionals in the field of aging

that government employees are insensitive or lack understanding of the special needs and concerns of older persons. Federal Office of Personnel Management and merit system programs at other levels of government seldom require formal training in gerontology or aging for staff occupying positions responsible for development and execution of public policies affecting the elderly. The Administration on Aging urges that merit systems at all levels of government and non-government personnel systems develop requirements for education and experience in aging as a qualification for employment in positions affecting the lives of older people. It suggests, in addition that merit system authorities at all levels of government be encouraged to provide in-service training about older people and/or public awareness activities to counteract negative stereotypes about them.

B. Continuing Activities Under the Mandate

Accomplishment of the mandated objectives for a manpower policy in aging is dependent on the success of ongoing and future work that gathers, analyzes and synthesizes in a useful way information on the work place, the training environment, and the public and private interventions which impact employment and training of persons serving

older persons. A number of planned and proposed activities are described below:

1. Analysis of Issues, Policies, and Programs Impacting Manpower Development in the Field of Aging

The Administration on Aging is giving consideration to funding a project in FY 1981 to assist in developing material required to meet the statutory requirement for manpower policy development. An attempt was made to fund such a project in FY 80 but necessary actions could not be completed within sufficient time to make an award during FY 1980.

Completion of the work contemplated under such a project would advance considerably AoA's ability to address several of the issues described in this report. Tentative plans being considered would call for:

1) Developing framework for defining the scope and characteristics of the existing system of supply and demand for personnel working in the field of aging.

2) Examining and reporting on existing information and data sources that describe or indicate service utilization patterns affecting current and future manpower requirements in aging.

3) Exploring and analyzing with respect to the systems framework it develops, Federal and non-Federal programs and activities that stimulate demand and supply for manpower in the field of aging.

4) Analyzing and critiquing previous manpower studies in aging and manpower systems in other fields for their applicability to an aging manpower policy.

5) Updating existing inventories and assessments of data sources for their applicability to assessing manpower policy in aging.

6) Considering the feasibility of different approaches to supporting periodic assessment of a national manpower policy in aging.

In the process of completing the above, the project would assist AoA in its mandate to consult with Federal and non-Federal organizations in developing and implementing a national manpower policy for the field of aging. The preliminary content of reports would be shared with representatives of the Interdepartmental Working Group described in Chapter III. A series of papers on manpower issues would be developed and shared for comment with aging organizations and associations. Comments from all sources would be integrated in final papers and reports.

Prior to proceeding further with these plans, AoA will review its appropriateness in view of the shortened time framework for preparation of the next biennial report to the Congress and the probability of diminished funding for the Title IV-A program.

2. Assessment of Approaches for Achieving an Adequate Supply of Trained Manpower for the Field of Aging

The project under consideration and the studies already underway under the aegis on the Office of Human Development Services should be complemented with a number of investigations that AoA may undertake as its own personnel and financial resources permit. The following activities are suggested:

a. Identification of facilities and services needed by the present and future older population.

AoA in concert with other Federal agencies, should foster necessary studies to bring together and analyze available information from all sources regarding the health and social conditions of older people and the broad range of services and facilities perceived to be essential to maintaining the most healthy, contributive, and satisfying lives their circumstances permit.

Also, AoA with other Federal agencies, should sponsor additional studies, using existing and innovative techniques, and addressed

to filling gaps in current knowledge of service and facility needs, and to devise mechanisms for making periodic assessments to provide a continuing information base for program planning, for determination of manpower needs, and for program evaluation.

These two sets of studies would further identify the volume of specific services needed by both well and handicapped/disabled older persons within such broad areas as health, housing, education, transportation, social welfare, social roles and relationships, and employment.

b. Determination of types of personnel equipped with knowledge and skills for providing the facilities and services identified by the above inventories and analyses.

First, the existing knowledge base should be utilized to identify the knowledge and skills required for providing the wide range of services and facilities needed by older people, and to identify the professions, occupations, and specialties through which older people are or can be served.

Secondly, continuing attention should be given to identifying modified and new occupations as new service needs are revealed and as new concepts of service organization and delivery appear.

c. Estimating and projecting the need and demand for and the supply of manpower for the field.

Information about methods used in making previous and current estimates of need, demand, and supply and of the results obtained should be assembled and analyzed in order to reveal the current state of the art of manpower forecasting and to make existing information widely available.

Information from other countries that have made determinations of manpower required in relation to units of services provided and in relation to the numbers of older people, should be obtained and utilized for estimating requirements for the U. S.

Estimates of future manpower needs and demands in the field of aging should then be made.

d. Developing a knowledge base for gerontological/aging training.

Over the past several decades awareness of the increasing number of older people has led to a good deal of observation and research with respect to the aging process; on the nature, characteristics, circumstances, and needs of aging and older people; on their impacts on societal institutions; and on society's efforts to accommodate them and to serve their needs.

The rapidly growing knowledge base has made it clear that possession of knowledge of these matters is essential to those engaged in research, planning, policy and development, and providing services for the older population. The need to organize the growing body of information and to impart to those preparing to work in the field became self-evident.

The knowledge base will require continuing augmentation as the older population grows, as circumstances of older people change, as new needs are modified and new approaches are devised. These steps should be considered.

(1) continuing support of research and demonstrations by all appropriate Federal agencies.

(2) providing access to new knowledge for personnel employed in the field, and

(3) incorporating new knowledge into courses, curricula, and training materials.

e. Sustaining the capacity of educational institutions for preparing or retraining persons for employment in the field of aging.

The Federal Government, as already noted, has undertaken several

initiatives in responding to the rising number of older people with their wide-ranging needs. When the need for personnel with knowledge and skills required to plan for and serve the older population became apparent, the government turned appropriately to the educational establishment to provide most of the career preparation and short-term training for personnel attracted to the emerging field of aging. Federal agencies have fostered a variety of activities on the part of educational agencies at all levels from primary and secondary through professional and graduate schools.

The educational community has been responding with increasing vigor. Many institutions have incorporated subject-matter on aging into their curricula on their own initiative without the aid of public funds. A number of professional organizations and private agencies have responded in various ways to the demand for gerontologically trained manpower. The Congress, too, has responded by making increased appropriations to D/HHS and some other agencies for manpower development.

In view of the spreading though somewhat loosely directed involvement of educational institutions, of the rising public expenditures for manpower development, and of the projected expansion of the older population with the corresponding increase in need for trained service

personnel, it is essential to give attention to a number of questions and issues that have been appearing in the training field.

(1) Primary and Secondary Schools

There is evidence that some schools at these levels are incorporating aging content into their instructional programs. There are also reports of arranging for volunteer work with older people for secondary school and college students and for visiting patients in long-term care institutions.

In view of the virtually unlimited potential for such activities and of their possible significance for attracting personnel to the field, surveys and studies should be made to determine how many schools recognize aging in their instructional programs, how the subject-matter is presented, how pupils and students respond, and the extent, if any, to which career interest in the field appears.

(2) Community and Junior Colleges and Technical Institutes

A 1974 study of Older Americans and Community Colleges A Guide for Program Implementation revealed that a growing proportion of the 1,100 schools at this level have well-structured curricula for preparing personnel for paraprofessional and technical service occupations in the aging field. In addition, some are equipped to assist network on aging agencies in assessing personnel needs

and by providing short-term training and technical assistance for network agencies and for service provider agencies having programs fostered by the AoA network. In view of the occupational-industrial structure of the aging field, it appears that these institutions will have responsibility for training the largest proportion of the personnel required.

A comprehensive inventory, study, and evaluation should be undertaken to identify present and probable future roles of the community colleges and technical institutes in the aging field. Attention should be given to content of courses and curricula in relation to personnel needs of the field, preparation of faculty for offering courses in gerontology, numbers of students enrolled in gerontology-related courses and programs, practicum assignments, number of graduates and positions in which they find employment, nature of certification provided to graduates.

Special attention should be given to equipping faculty for developing and maintaining mutually useful working relationships with aging network.

(3) Collegiate Institutions, Professional Schools, Doctoral Level Education

Several hundred institutions at the baccalaureate and professional

degree level have entered the gerontological education and training field. Many collegiate institutions are offering courses, minors, or majors in gerontology as elements of their liberal education programs and/or preparation for skill training for careers in aging. Collegiate institutions and professional and graduate schools are preparing students for careers in such areas as housing management, senior center direction, nursing, social work, dentistry, occupational and physical therapy, geriatric medical practice, and program planning and administration.

In view of the rapid development of training in these institutions, a comprehensive, detailed survey and analysis should be undertaken with regard to courses and curriculum offered and projected, gaps in gerontological subject-matter content, use and nature of practicums, students enrolled and graduated, credentials awarded, career objectives, placement after graduation, part-time and full-time faculty and departments involved, methods of recruiting students, attitudes toward and enrollment of older adults and recognition of gerontology as a discipline.

(4) Support for Educational Institutions and Trainees

In helping to launch the field of gerontology/aging, the Congress followed the fairly well established pattern of providing financial

encouragement for educational institutions to make room for the new field of learning in their programs. Similarly, it provided authorization and funding for traineeships - a familiar device for recruiting personnel to a new field.

Over the past three or four decades, first NIH, then AoA, DOL, and other agencies have extended financial support to vocational schools, post-secondary institutions, and professional and graduate schools. It seems beyond question that this financial support hastened the introduction of gerontology in the offerings of a considerable number of educational institutions at secondary and all post-secondary school levels.

Recently, involvement of institutions of higher education in research and teaching in gerontology and in related activities in aging appears to be spreading somewhat rapidly without the involvement of Federal funding. It seems reasonable to forecast that, as the youth population declines and as increase in the older population accelerates, particularly during the 21st Century, educational institutions will give increasing attention to their potential service to the gerontology/aging field and to older persons.

Studies should be conducted to determine trends in the extent

to which institutional support for gerontology courses and programs is derived from traditional sources of funds such as student fees, State appropriations, and endowments. It would be useful, also, to determine, if possible, the extent to which current and future offerings would continue without Federal support.

In addition, the field of aging may have reached the point, at which students will be attracted without financial inducement. A study should be undertaken to determine the extent of which financial support is required in order to attract students to the field, and, if so, whether the generalized support programs of grants and loans meet the need.

f. Involving professional organizations in the aging field. Sizeable and growing numbers of professional organizations have become involved in the aging field. By definition, they are concerned with development and utilization of appropriately trained manpower. Their interests are expressed through establishment of standards and qualifications for practice, development of training content, practicum requirements and credentials, through advocating employment of gerontologically trained personnel and through recruiting new personnel.

In order to extend and enhance the contributions professional organizations make to the field the following steps should be considered:

- Studies and evaluations be made of their present and potential contributions and commitment to serving older people and the aging field.

- Studies be made of requirements for professional practice with aging and older persons with particular reference to gerontological training and practicum content, and that proposals be made for modifying curricula as may be appropriate.

- Professional organizations should be encouraged by Federal and State agencies to recruit personnel for entry level training with specialization in gerontology as well as middle-aged and older professionals who can become qualified through continuing education.

- Professional organizations should become persistent advocates for employment of gerontologically trained personnel in positions directly and indirectly serving older people.

g. Improving Personnel Performance in the AoA Network

It has been observed by informed individuals that more pe sons than necessary, particularly at the graduate level, are being prepared

for positions in the AoA network. It is suggested that major factor in the alleged oversupply consists of the employment conditions found in many of the network agencies.

Thus, one of the areas to which AoA manpower policy should give attention is that of employment criteria, working conditions, job satisfaction, and turnover within the AoA network. It is reported that personnel in many network agencies are hired into the network without knowledge of gerontology or of position requirements, that many are hired with little reference to qualifications for the position, that salaries are not attractive, particularly to personnel who are trained, often there are few or no fringe benefits, that there is lack of opportunity for advancement, and that relatively little effort is made to provide education and training for those who are hired without requisite preparation and for those who may seek advancement. Steps should be taken to correct these problems.

h. Establishment of a Manpower Center for the Field of Aging

The 1968 study of manpower needs for the field of aging and persons consulted during the preparation of this report, have urged that the Federal Government pay special attention to the need for development and implementation of manpower policy for the field of aging.

In view of the projected rapid growth and expansion of the field, of its increasingly complex character, of the widening involvement of institutions and agencies, and of the growing number and range of personnel required, it seems obvious that there is need for the establishment of a focal point to provide continuing direction, advocacy, support, and coordination with respect to development and implementation of policy for the aging field.

The need is underscored by the directive in Section 402 of the Older Americans Act, already noted, which requires that reports of periodic appraisals of manpower and of the impact of efforts to implement the manpower policy to be developed.

AoA, in conjunction with such other Federal departments and agencies as many be appropriate should seek congressional support for the creation of a Manpower Center for the Field of Aging, to perform such functions as may be appropriate and feasible among those set forth in the present outline.

LETTERS OF TRANSMITTAL

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of
Human Development Services

Administration on Aging
Washington DC 20201

OCT 10 1980

The Honorable Thomas P. O'Neil, Jr.
Speaker of the House
House of Representatives
Washington, D.C. 20515

Dear Mr. Speaker:

I respectfully submit to you A Preliminary Report on the Development and Implementation of a Federal Manpower Policy for the Field of Aging, in compliance with Section 402(b) of the Older Americans Act of 1965 (P.L. 89-73). This provision under Title IV, Part A Training was enacted as part of the comprehensive Older Americans Act amendments of 1978 (P.L. 95-478). It requires that the Commissioner on Aging prepare and submit a report to Congress, biennially, assessing existing and future personnel needs in the field of aging. Each assessment shall indicate its impact on a national manpower policy for the field of aging.

This first report, as its title indicates, reflects the status of the Administration on Aging activities in response to Section 401(a) and (b) of the above Act to develop and implement, a national manpower policy in aging. Because of the complexity of this subject, the report does not provide a single Federal policy for this field. It does lay the foundation for the future development of such a policy. Future reports will describe the continuing progress of efforts to develop, implement, and evaluate a manpower policy in aging and to assess the manpower needs.

This document summarizes the history and current involvement of the Federal government in manpower training activities in aging and provides a digest of recent studies of the supply and demand for current and future personnel in the field. Its core is a presentation and analysis of unresolved critical issues in employment and training of specialists who serve the needs of older persons, and the offering of a work agenda which I believe is responsive to the intent of Congress for establishment of a national manpower policy for the field of aging.

Sincerely,

Robert Benedict
Commissioner on Aging

Enclosure

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of
Human Development Services

Administration on Aging
Washington DC 20201

OCT 10 1980

The Honorable Harrison A. Williams
Chairman, Committee on Labor and Human Resources
United States Senate
Washington, D.C. 20510

Dear Mr. Chairman:

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Commissioner on Aging

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of
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Administration on Aging
Washington DC 20201

OCT 10 1980

The Honorable Walter F. Mondale
President of the Senate
United States Senate
Washington, D.C. 20510

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Commissioner on Aging

Enclosure

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of
Human Development Services

Administration on Aging
Washington DC 20201

OCT 10 1980

The Honorable Ike F. Andrews
Chairman, Subcommittee on Human Resources
Committee on Education and Labor
House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

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Sincerely,

Robert Benedict
Commissioner on Aging

Enclosure

Copies furnished: Representative E. Thomas Coleman
Representative Claude Pepper
Representative Charles E. Grassley
Representative Mario Biaggi

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of
Human Development Services

Administration on Aging
Washington DC 20201

OCT 10 1980

The Honorable Thomas F. Eagleton
Chairman, Subcommittee on Aging
Committee on Labor and Human Resources
United States Senate
Washington, D.C. 20510

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Commissioner on Aging

Enclosure

Copies furnished: Senator William L. Armstrong
Senator Lawton Chiles
Senator Pete V. Domenici

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of
Human Development Services

Administration on Aging
Washington DC 20201

OCT 10 1980

The Honorable Carl D. Perkins
Chairman, Committee on Education and Labor
House of Representatives
Washington, D.C. 20515

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I respectfully submit to you A Preliminary Report on the Development and Implementation of a Federal Manpower Policy for the Field of Aging, in compliance with Section 402(b) of the Older Americans Act of 1965 (P.L. 89-73). This provision under Title IV, Part A Training was enacted as part of the comprehensive Older Americans Act amendments of 1978 (P.L. 95-478). It requires that the Commissioner on Aging prepare and submit a report to Congress, biennially, assessing existing and future personnel needs in the field of aging. Each assessment shall indicate its impact on a national manpower policy for the field of aging.

This first report, as its title indicates, reflects the status of the ministration on Aging activities in response to Section 401(a) and (b) of the above Act to develop and implement, a national manpower policy in aging. Because of the complexity of this subject, the report does not provide a single Federal policy for this field. It does lay the foundation for the future development of such a policy. Future reports will describe the continuing progress of efforts to develop, implement, and evaluate a manpower policy in aging and to assess the manpower needs.

This document summarizes the history and current involvement of the Federal government in manpower training activities in aging and provides a digest of recent studies of the supply and demand for current and future personnel in the field. Its core is a presentation and analysis of unresolved critical issues in employment and training of specialists who serve the needs of older persons, and the offering of a work agenda which I believe is responsive to the intent of Congress for establishment of a national manpower policy for the field of aging.

Sincerely,

Robert Benedict
Commissioner on Aging

Enclosure